

Case Number:	CM15-0099181		
Date Assigned:	06/01/2015	Date of Injury:	05/08/2010
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial/work injury on 5/8/10. He reported initial complaints of pain with left long finger distal joint injury. The injured worker was diagnosed as having s/p left long finger transverse laceration, left upper extremity chronic disuse, left upper extremity mild chronic regional pain syndrome; left thumb, index, ring, little finger, mild intrinsic tightness; advanced left long finger intrinsic tightness, left median neuropathy, and left long finger neuroma formation, severe. Treatment to date has included medication, diagnostics, and activity modification. Currently, the injured worker complains of pain in the left ring finger with sensitivity to touch, numbing of the tip of the finger, inability to bend the left middle finger, and difficulty gripping and grasping in the middle finger. Per the primary physician's progress report (PR-2) on 4/9/15, the exam was unchanged. The PR-2 report from 3/12/15 exam reported diffuse pain to palpation with mild hypersensitivity to light touch and slight pain on palpation throughout the left arm/forearm, positive pain of the left medial epicondyle, ulnar nerve, and lateral epicondyle, positive elbow flexion test and Tinel's sign, positive direct palpation of the scaphoid and lunate, positive Phalen's, Tinel's, and ulnar nerve compression tests. The requested treatments include DNA pharmacogenomic diagnostic test panel.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DNA pharmacogenomic diagnostic test panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for Potential Opioid Abuse.

Decision rationale: Regarding a request for DNA pharmacogenomic diagnostic test panel, California MTUS and ACOEM do not contain criteria for this request. ODG cites that genetic testing for potential opioid abuse is not recommended. As such, the currently requested DNA pharmacogenomic diagnostic test panel is not medically necessary.