

Case Number:	CM13-0021516		
Date Assigned:	11/13/2013	Date of Injury:	03/19/2013
Decision Date:	01/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and an MRI of the lumbar spine of May 11, 2013, notable for multilevel protrusions of uncertain clinical significance. In a utilization review report of August 14, 2013, the claim administrator denied a request for glucosamine and Protonix while approving one epidural steroid injection. The applicant's attorney subsequently appealed. A later note of September 19, 2013, is notable for ongoing complaints of low back pain. The applicant is begun on acupuncture. The applicant carries a diagnosis of lumbar strain, lumbar radiculopathy, and disc protrusion. There is no review of systems section. There is no mention of any dyspepsia issues. The applicant is placed off of work, on total temporary disability. An earlier note of July 22, 2013, is again notable for diagnoses pertaining to the low back. The applicant is given prescriptions for glucosamine, Norco, and Protonix, and again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Glucosamine 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: The request for glucosamine is/was not medically necessary, medically appropriate, or indicated here. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is endorsed in the treatment of various arthrides and, in particular, knee arthritis. In this case, however, there is no clinical or radiographic mention of issues with arthritis or knee arthritis for which usage of glucosamine would be indicated. Indeed, the attending provider did not make any mention of issues related to the knee in progress notes immediately surrounding the date in question. Therefore, the original utilization review decision is upheld.

Request for prescription Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The request for Protonix 20 mg #30 is also non-certified, on independent medical review. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix may be employed in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of issues or symptoms of dyspepsia, either NSAID induced or standalone. Therefore, the original utilization review decision is upheld.