

Case Number:	CM13-0025352		
Date Assigned:	12/11/2013	Date of Injury:	12/23/2002
Decision Date:	02/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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.

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 patient is a 62-year-old female who reported a work-related injury on 12/23/2002; specific mechanism of injury was not stated. The patient subsequently presents for treatment of the following diagnosis: L4-5 anterior decompression and fusion as of 2011. The clinical note dated 06/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports operative interventions performed in 2011 were effective for the patient's right lower extremity symptoms; however, the patient reports continued left lower extremity pain. The provider documents the patient underwent a new MRI and a different provider recommended surgical interventions. Upon physical exam of the patient, the provider documents the patient ambulates to the exam room without assistance. The provider documents the patient utilizes Nortriptyline, Cyclobenzaprine, Prilosec, Synovacin, glucosamine sulfate, albuterol, aspirin, Percocet 10/325 mg, Benadryl, and Norvasc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase for Synovacin Glucosamine Sulfate 500mg, #90, DOS: 6/4/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2013 web-based edition

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

Decision rationale: The current request is not supported. The clinical documentation dated 06/04/2013 failed to evidence significant objective findings of symptomatology to support the requested medication. In addition, the clinical notes did not indicate the patient's reports of efficacy with her current medication regimen to support continued utilization of this medication. California MTUS indicates glucosamine and chondroitin sulfate are recommended in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient presents with the following diagnoses: lumbar disc displacement without myelopathy and lumbar facet arthropathy. Given all of the above, the request for retrospective purchase for Synovacin Glucosamine Sulf 500mg, #90, DOS: 6/4/2013 is not medically necessary or appropriate.