

Case Number:	CM13-0036907		
Date Assigned:	12/13/2013	Date of Injury:	12/01/1999
Decision Date:	02/12/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery, 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 claimant is a 61-year-old who was injured in a work-related accident on December 1, 1999. Clinical records indicate the claimant is now greater than twelve years from time of injury and is with continued complaints of pain. He is with a current diagnosis of chronic low back pain, and degenerative disc disease of the lumbar spine. When seen on August 1, 2013 by [REDACTED], the physical examination demonstrated no pertinent objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder x 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Flurbiprofen is not an FDA approved agent in the topical setting. The only non-steroid for which guideline criteria would recommend topically would be the use of Diclofenac in special situations and as a second line agent. The role of Flurbiprofen for topical use for the claimant's diagnosis of chronic low back pain and degenerative disc disease is not supported. The request is non-certified.

Gabapentin powder x 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Guideline criteria clearly indicate that Gabapentin is not recommended in any context. There would be no indication as to why this claimant with chronic low back pain and a diagnosis of degenerative disc disease would be an exception to the above. The specific request in this case would not be supported and the request is non-certified.

90 Genocin 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Genocin, an oral form of glucosamine, would be recommended as an option for patients with moderate arthritic pain, particularly to the knee. In this case, the claimant's diagnosis is degenerative disc disease of the lumbar spine, a diagnosis for which glucosamine or chondroitin sulfate is not currently indicated. The continued role of this oral agent would not be supported and the request is non-certified.