

Case Number:	CM13-0043015		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2003
Decision Date:	04/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary 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 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/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 patient is a 33-year-old who reported an injury on September 5, 2003. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar or lumbosacral degenerative disc disease. The patient was recently seen by [REDACTED] on December 8, 2013. The patient reported persistent lower back pain. Current medications included quinine 324mg and glucosamine/chondroitin 500mg. Physical examination on that date revealed tenderness in the upper portion of the lumbar spine, normal motor and sensory function in bilateral upper extremities, thoracic spine pain, and normal sensory and motor examination of bilateral lower extremities. Treatment recommendations at that time included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF QUININE 324MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health, Updated: 27 March 2014.

Decision rationale: Quinine is used alone or with other medications to treat malaria. Quinine is also used to treat babesiosis. As per the documentation submitted, the patient does not appear to meet criteria for the use of this medication. The patient does not maintain a diagnosis of malaria. The request for one prescription of Quinine 324 mg, 60 count, is not medically necessary or appropriate.

1 PRESCRIPTION OF GLUCOSAMINE/CHONDROITIN 500MG: 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 Chronic Pain Medical Treatment Guidelines state glucosamine and chondroitin sulfate is recommended as an option, given the low risk, in patient with moderate arthritis pain, especially for knee osteoarthritis. According to the documentation submitted, the patient has continuously utilized glucosamine/chondroitin 500mg, four times a day, since at least September of 2012. There is no documentation of osteoarthritis. There is also no evidence of functional improvement as a result of the ongoing use of this medication. The request for one prescription of Glucosamine/Chondroitin, 500 mg, is not medically necessary or appropriate.