

Case Number:	CM13-0047465		
Date Assigned:	12/27/2013	Date of Injury:	11/04/2009
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 40 year old female with a date of injury on 6/02/2008. Patient is being treated for ongoing low back pain, as well as neck pain, right knee pain, and left shoulder and wrist pain. Treatment has included medications, Tramadol, Buspirone, Estazolam, Citalopram, and Soma. Diagnoses include, L5-S1 anterior posterior fusion, Acdf C5-6, left lower extremity radiculopathy, right upper extremity radiculopathy, anxiety and depression, bilateral shoulder sprain, knight knee sprain, right ankle sprain, bilateral hip sprain, and headaches. Disputed request is for Synovacin, although there is no reference to this treatment being requested in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Synovacin prescribed 12/8/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS recommends Glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially osteoarthritis. Comprehensive review of the

medical record did not identify a request or supporting diagnosis of osteoarthritis. The record also did not contain reference to any functional improvement with this supplement. The medical necessity of this medication has not been established.