

Case Number:	CM13-0051606		
Date Assigned:	12/27/2013	Date of Injury:	06/18/1992
Decision Date:	03/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 64-year-old male who reported an injury on 06/18/1992. The mechanism of injury was not provided for review. However, the patient ultimately underwent extensive surgical intervention of the cervical spine with revision of a cervical fusion from the occiput to C4 in 05/2011. The patient developed chronic pain that was managed with Botox injections and medications. The patient's most recent clinical examination findings included posterior cervical musculature with significant tenderness and increased muscle rigidity, evidence of cervical dystonia, and severely restricted range of motion of the right shoulder. The patient's medications included oral morphine, Oxycodone, Norco, Nuvigil, Anaprox, Prilosec, Fexmid, Soma, Neurontin, Halcion, Synovacin, Colace, and Dendracin topical analgesic cream. The patient's diagnoses included cervical dystonia, postlaminectomy syndrome of the cervical spine, cervicogenic headaches, severe right shoulder internal derangement, and reactionary depression and anxiety. The patient's treatment plan included continuation of medications, trigger point injections, a Botox injection and dental care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin 500mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Glucosamine Page(s): 60, 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: The Physician Reviewer's decision rationale: The retrospective request for Synovacin 500 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does recommend the use of glucosamine as a treatment for osteoarthritic pain. The requested medical food does contain glucosamine. However, California Medical Treatment Utilization Schedule recommends that any medication used in the management of a patient's chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or documentation of functional benefit as a result of this medication. Therefore, continued use would not be supported. As such, the retrospective request for Synovacin 500 mg #90 is not medically necessary or appropriate.