

Case Number:	CM14-0100333		
Date Assigned:	09/16/2014	Date of Injury:	12/18/2007
Decision Date:	11/25/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 injured worker (IW) is a 57-year-old man with a date of injury of December 18, 2007. The mechanism of injury and injuries sustained were not documented in the medical record. Pursuant to a progress note dated May 21, 2014, the injured worker had complaints of constant head pain rated 8-9/10; constant neck pain rated 8/10 radiating to the upper extremities with numbness and tingling; constant low back pain rated 8/10 radiating to the lower extremities with numbness and tingling. The injured worker denies any side effects to oral medications. His pain without medications is 8-9/10. He states therapy was beneficial (type of therapy was not documented). Objective findings revealed decreased sensation in the left C6 and C7 dermatomes. Cervical range of motion: flexion 40, extension 35. Right lateral flexion 25, left lateral flexion 20, right rotation 70, and left rotation 70. There was tenderness and spasms in the bilateral trapezius muscles. Straight leg raise bilaterally positive with tenderness in the thoracic spine and lumbar spine. Femoral stretch bilaterally positive with tenderness and spasms in the bilateral paravertebral muscles. The injured worker uses a cane to help ambulate; antalgic gait. The injured worker was diagnosed with cervical radiculopathy, low back radiculopathy, adjustment disorder, insomnia, and blurred vision. Current medications include: Naproxen sodium 550mg, Oxycodone 15mg, Topiramate 100mg, Theramine, and Trazadone. Treatment plan recommendations include: Request for neurology consult for headaches and syncope, MRI of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin # 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Genicin <http://www.nlm.nih.gov/medlineplus/druginfo/natural/807.html>

Decision rationale: Pursuant to MEDLINEplus, glucosamine (Genacin) #90 is not medically necessary. MEDLINEplus glucosamine sulfate is a naturally occurring chemical found in the human body. It is the fluid that is around joints. It is also found in other places in nature. It is contained in dietary supplements. For additional details see the attached link. In this case, Genicin #90 capsules: glucosamine sodium 500 mg which is to be taken as directed for the treatment of arthritic pain. The documentation does not provide directions in the body of a progress note. Additionally, the indication and/or necessity is not documented in medical record. Consequently, glucosamine (Genacin) #90 is not medically necessary.