

<b>Case Number:</b>	CM14-0105818		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/28/1994
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old female was reportedly injured on 12/28/1994. The most recent progress notes dated 5/14/2014 and 6/11/2014 indicate that there are ongoing complaints of left elbow and shoulder pain. Physical examination demonstrated limited left shoulder range of motion: abduction 150 degrees and flexion 150 degrees with motor 4+/5; +15/18 tender points; no extremity edema. No recent diagnostic imaging studies available for review. Diagnosis: HTN, GERD and Fibromyalgia. Previous treatment includes physical therapy and medications to include Celebrex and Protonix. A request had been made for Genicin 500mg #120, which was not certified in the utilization review on 6/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genicin 500mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50 of 127..

**Decision rationale:** MTUS chronic pain guidelines support Glucosamine (Gencin) as an option for treatment of osteoarthritis. A review of the available medical records fails to document a

diagnosis of osteoarthritis, any objective findings or imaging studies demonstrating osteoarthritic joint changes. As such, this request is not considered medically necessary.