

Case Number:	CM14-0012813		
Date Assigned:	02/24/2014	Date of Injury:	08/14/2009
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 is a 27-year-old female who reported an injury on 08/14/2009 due to an unknown mechanism. The clinical note dated 12/06/2013 noted the injured worker presented with chronic low back pain. Upon exam of the right shoulder revealed a positive impingement sign, painful range of motion values of forward flexion to 95 degrees, abduction to 90 degrees, and tenderness to palpation over the acromioclavicular (AC) joint and numbness on the right. Exam of the right wrist revealed tenderness to palpation over the dorsal aspect and tracheal transport velocity at triangular fibrocartilage complex. The lumbar spine revealed spasm, painful range of motion, limited range of motion, a positive Lasegue bilaterally, and a positive straight leg raise bilaterally. The bilateral knee exam revealed tenderness to palpation over the joint line, patellofemoral crepitation, and a positive Apley's grind test. The diagnoses were status recent reported right shoulder dislocation, chronic low back pain, right knee internal derangement, right wrist internal derangement, and major depression disorder. The treatment plan included the need for an MR arthrogram of the right wrist, follow-up on psych evaluation and treatment, continue pain management, follow-up on bariatric consult, and return to clinic in four (4) weeks. The injured worker's previous treatments included Klonopin, Norco, and Neurontin. The provider recommended Genicin 500 mg #90 three times daily for joint supplement. There was no rationale given. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENICIN 500 MG #90 - THREE TIMES DAILY FOR JOINT SUPPLEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 50

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

Decision rationale: The MTUS Chronic Pain guidelines recommend glucosamine as an option given its low risk, in injured workers with moderate arthritis pain, especially for knee osteoarthritis. The Guidelines further state that glucosamine and chondroitin sulfate were not effective in reducing knee pain. The included medical documents lack evidence of moderate arthritis pain and knee osteoarthritis. There was lack of significant objective and examination findings to support pathology that would warrant the need for Genicin. Therefore, the request for Genicin 500mg #90 - Three (3) times daily for joint supplement is not medically necessary and appropriate.