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| <b>Case Number:</b>   | CM14-0110403 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 02/26/2001 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 06/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2014 |

### 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 Occupational 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 is a 52-year-old male who reported an injury on 02/26/2001. The mechanism of injury involved a motor vehicle accident. Current diagnoses include cervical radiculitis, cervical stenosis, lumbar radiculitis, lumbar disc disease, and cervical disc disease. The injured worker was evaluated on 06/06/2014 with complaints of constant low back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes topical analgesics, acupuncture, massage therapy, and a cervical epidural injection. It is also noted that the injured worker is status post bilateral laminectomy and partial facetectomy on 05/06/2003. The injured worker also underwent ACDF on 11/04/2003 and bilateral laminectomy with repeat fusion on 01/07/2008. The injured worker participated in postoperative physical therapy. Physical examination revealed a loss of lumbar lordosis, a well healed laminectomy scar, moderate tenderness to palpation, paravertebral muscle spasm, limited lumbar range of motion, and diminished sensation in the bilateral lower extremities. It is also noted that the injured worker underwent a lumbar spine MRI on 07/08/2012. The current medication regimen includes Norco 10/325 mg, Soma 350 mg, Motrin 800 mg, Robaxin 500 mg, Somnacin, Genicin, and a flurbiprofen 20% cream. Treatment recommendations at that time included continuation of the current medication regimen. There was no DWC Form RFA submitted for the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized this medication since 08/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Therefore, the request for Norco 10-325mg, #120 is not medically necessary and appropriate.

**Genicin, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate); Glucosamine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute and Chronic).

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

**Decision rationale:** California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. Therefore, the request for Genicin #90 is not medically necessary and appropriate.