

Case Number:	CM14-0113519		
Date Assigned:	08/01/2014	Date of Injury:	05/04/2010
Decision Date:	09/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Medicine 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 64-year-old male who reported an injury on 05/04/2010. The injured worker was noted to be struck by a semi truck while working. The diagnoses were noted to be status post failed knee surgery, chronic right knee postsurgical internal derangement, chronic lumbar sprain/strain with multilevel radiculopathy, chronic lumbar mechanical back pain, chronic lumbar disc disease/multilevel, right carpal tunnel syndrome delayed onset latency defect, left median neuropathy at the wrist delayed onset late effect, and reactionary sleep deficit and rule out industrial causation of psychological yellow flags. He has had diagnostic testing including MRI of the knee and NCV and x-rays. Prior treatments were noted to be chiropractic management and medications. The injured worker's subjective complaints were noted to be right knee pain, low back pain, pain in the palms of both hands with numbness and tingling in his fingers and thumb of both hands. The physical examination noted tenderness to palpation in the cervical, thoracic, and lumbar spine with muscle guarding. There was loss of range of motion in the cervical and lumbar spine as well as the shoulders. The orthopedic examination revealed normal cervical and shoulder findings. There was sciatic nerve tension. The treatment plan was for psychological treatment and chiropractic management of the lumbar spine. The provider's rationale for the request was not submitted with the clinical documentation. A request for authorization form was not submitted with the documentation in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg QTY: 90.00, 30 day supply with no refills: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker does not have an indicator for osteoarthritis within the diagnoses. In addition, the provider's request fails to indicate a dosage frequency; therefore, the request for Genicin 500 mg, quantity 90, 30 day supply with no refills is not medically necessary.