

Case Number:	CM14-0128970		
Date Assigned:	08/18/2014	Date of Injury:	08/02/2012
Decision Date:	09/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 59 year old male was reportedly injured on 8/2/2012. The mechanism of injury is noted as a work related injury. The most recent progress note, dated 5/15/2014 indicates that there are ongoing complaints of right shoulder, elbow, and wrist pain. The physical examination demonstrated right shoulder forward flexion 170, extension 35, abduction 170, abduction 50, internal rotation 70, and external rotation 70, right elbow range of motion 0 to 110, pronation/supination 60, right wrist flexion/extension 40, radial deviation 10 degrees, ulnar deviation 20 degrees. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for Ganicin quantity ninety, Xolido 2 percent cream, and was not certified in the preauthorization process on 7/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ganicin #90 Capsule (Glucosamine) Type: Medical Food, Route: Oral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 50 OF 127.

Decision rationale: Ganicin is a glucosamine supplement. The Medical Treatment Utilization Schedule (MTUS) recommends this as preparation of topical lidocaine as an option, given its low risk, for individuals with moderate arthritis, especially knee arthritis. Based on the clinical documentation provided, the claimant has not been diagnosed with arthritis. Therefore, this request is not medically necessary.

Xolindo 2% Cream (Lidocaine) Type: Topical Analgesic, Route: Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 56, 57, 112 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Based on the clinical documentation provided, there is no documentation of failure first line therapy. As such, the request is considered not medically necessary.