

Case Number:	CM14-0022829		
Date Assigned:	06/11/2014	Date of Injury:	10/04/2011
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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 57 year old female who reported an injury on 04/12/2009 due to unknown mechanism. The injured worker complained of constant slight pain to left shoulder and slight to intermittent to moderate pain to both wrist. On physical examination there is no documentation for 11/27/0013. On 11/13/2013 the injured worker complained of frequent pain in her left shoulder traveling to her neck which is described as tight pressure and rates her pain 3/10 and 4/10 bilateral wrists. Physical examination on 11/13/2013 there was tenderness in the left shoulder, and non-specific tenderness to both wrists. The injured worker's diagnoses are left shoulder rotator cuff tear, sprain of bilateral wrist, radio carpal fracture, and bony contusions. The treatment plan was for retrospective request for medication genicin 500mg capsule for date of service 11/27/2013 and retrospective request medication topical Flurbiprofen powder, lidocaine HCl powder, amitriptyline HCl powder in a pcca lipoderm base and Gabapentin 10% Cyclobenzaprine 6%, tramadol 10% in a lipoderm base for service date 11/27/2013. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: MEDICATION GENICIN 500MG CAPSULE FOR DATE OF SERVICE 11/27/2013 QUANTITY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for retrospective request for genicin 500 mg capsule for date of service 11/27/13 quantity 90 is non-certified. According to the California Medical Treatment Utilization Schedule Genicin(Glucosamine) is recommended as an option given its low risk in patient with moderate arthritis pain. The injured worker was noted to have pain on physical exam 11/13/2013. There is no physical examination documented for support or rationale for the request for Genicin 500mg capsule for the date of 11/27/2013. Furthermore, the request does not include the frequency for the requested medication. Given the above the request for retrospective medication Genicin 500mg capsule for date of service 11/27/2013 is not medically necessary.

RETROSPECTIVE REQUEST: MEDICATION TOPICAL FLURBIPROFEN POWDER, LIDOCAINE HCL POWDER, AMITRIPTYLINE HCL POWDER IN A PCCA LIPODERM BASE AND GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10% IN A LIPODERM BASE FOR DATE OF SERVICE 11/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for retrospective medication topical flurbiprofen powder, lidocaine hcl powder, amitriptyline hcl powder in a pcca lipoderm base and gabapentin 10% cyclobenzaprine 6%, tramadol 10% in a lipoderm base for service date 11/27/2013 is non-certified. The injured worker was noted to have pain. California Medical Treatment Utilization Schedule (MTUS) states that any compounded product that contains at least one drug or drug class that is not recommended. Other muscles relaxants such as cyclobenzaprine there is no evidence for use as a topical product. Gabapentin is not recommended there is no peer-reviewed literature to support use as a topical. Furthermore the requested submitted does not include the frequency for the propose medication as such the request is not medically necessary.