

Case Number:	CM14-0023113		
Date Assigned:	05/12/2014	Date of Injury:	07/26/2011
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain, paresthesias, and left shoulder pain reportedly associated with an industrial injury of July 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; dietary supplements/medical foods; and extensive periods of time off of work. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for Genocin. In a March 26, 2014 progress note, the attending provider suggested that the applicant continued Motrin and Genocin along with the home exercise program and TENS unit. Permanent work restrictions were renewed. The applicant reported persistent 7/10 wrist and shoulder pain. The applicant was apparently not working with permanent limitations in place. The applicant was described as totally temporary disabled on December 18, 2013, at which point she was still using Motrin and Genocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENOCIN #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements, alternative treatments, and/or complementary treatments such as Genocin are deemed not recommended in the treatment of chronic pain as they have no proven outcomes in the treatment of the same. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. It is further noted that the applicant has used the agent in question for some time, despite the unfavorable ACOEM recommendation, and has in failed to affect any benefit through ongoing usage of the same. The applicant remains off of work. The applicant continues to remain symptomatic and continues to remain reliant on medications and a TENS unit. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Genocin. Therefore, the request for Genocin # 90 is not medically necessary and appropriate.