

Case Number:	CM14-0026609		
Date Assigned:	06/20/2014	Date of Injury:	08/04/2011
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 71-year-old female who reported an injury on 08/04/2011. The mechanism of injury was not provided for review. The diagnoses included compression fracture of the lumbar spine at L5, spondylolisthesis grade 1 of L4, closed pubic ramus fracture, painful gait and cane dependency, radiculopathy, lumbar instability, and neurogenic bladder. Previous treatments included physical therapy, chiropractic treatment, epidural injection that provided no improvement. Within the clinical note dated 04/14/2014, the injured worker complained of severe back pain associated with weakness and numbness and numbness sensation of both leg. She reported the back pain increased with any type of activity and pain medications had played a very limited role in reducing her back pain. Upon the physical exam, the provider indicated the injured worker to have strength of 4/5 of the hip flexors bilaterally with sensory loss in the patient's left thigh. Deep tendon reflexes were not present and the patient's gait is slow. The injured worker had difficulty with walking on the tip of her toes and heels and uses a cane for ambulation and support. The provider indicated the injured worker had severe muscle spasms of the lumbosacral musculature. The injured worker underwent x-rays of the lumbosacral spine dated 07/09/2012 which revealed anterolisthesis at L4 on L5 measuring 8 mm secondary to pars defect on L4, an MRI of the lumbosacral spine demonstrated grade 1 spondylolisthesis of L4-5 level, and an EMG/nerve conduction study were consistent with the L4-5 radiculopathy. The provider requested for Genicin for treatment of lumbar spine and the right hip. However, the request for authorization was not provided for review in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATION GENICIN (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 10/4/2013 FOR TREATMENT OF LUMBAR SPINE AND RIGHT HIP: Upheld

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

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

Decision rationale: The retrospective request for medication Genicin (duration and frequency unknown) dispensed on 10/04/2013 for treatment of lumbar spine and right hip is non-certified. The injured worker complained of severe back pain, which was associated with weakness and numbness and numbness sensation of both legs. She reported pain increases with any type of activity and pain medications had played a very limited role in reducing her pain. The California MTUS Guidelines recommend glucosamine, also known as Genicin, as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a high quality significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment but similar studies are lacking for glucosamine hydrochloride. There is lack of documentation indicating the injured worker was diagnosed with moderate arthritis pain. There was lack of documentation indicating the injured worker had osteoarthritis. The clinical note dated 10/04/2013 was not provided for review in the clinical documentation submitted. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for retrospective medication Genicin (duration and frequency unknown) dispensed on 10/04/2013 for treatment of the lumbar spine and right hip is non-certified.