

Case Number:	CM14-0073552		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2013
Decision Date:	09/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 Pain 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 57-year-old male who reported an injury on 03/28/2013. The mechanism of injury was not noted within the review. The injured worker's diagnoses were noted to be cervical radiculopathy and mid back sprain. Prior treatments were noted to be topical medications. The injured worker was noted to have diagnostic image studies. The injured worker was noted to have subjective complaints of constant neck pain radiating to the upper extremities with numbness and tingling. She rated the pain 10/10 and indicated it was constant in the mid back. Objective findings included decreased cervical range of motion, tenderness over the cervical spine with spasms. The treatment includes a request for an MRI and refill of topical medications. The rationale for the request was not noted within the secondary treating physician's progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin (Glucosamine 500 mg) Quantity 90: 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 request for Genicin (Glucosamine 500 mg) Quantity 90 is not medically necessary. 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 clinical evaluation submitted for review does not indicate the injured worker with knee pain. In addition, the injured worker does not have a diagnosis of osteoarthritis. The provider's request fails to indicate a frequency. As such, the request for Genicin (Glucosamine 500 mg) Quantity 90 is not medically necessary.

Somnicin (Melatonin 2mg-5HTP 50 mg L-Tryptophan 100 mg Pyridoxine 10mg Magnesium 50 mg) Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): page 22,67-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

Decision rationale: The request for Somnicin (Melatonin 2mg-5HTP 50 mg L-Tryptophan 100 mg Pyridoxine 10mg Magnesium 50 mg) Quantity 30 is not medically necessary. The Official Disability Guidelines recommend medical food as a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by a medical evaluation. The clinical documentation submitted for review does indicate complaints of insomnia or difficulty sleeping. The injured worker does not have a diagnosis of insomnia. The request fails to indicate a frequency. Therefore, the request for Somnicin (Melatonin 2mg-5HTP 50 mg L-Tryptophan 100 mg Pyridoxine 10mg Magnesium 50 mg) Quantity 30 is not medically necessary.