

Case Number:	CM14-0085098		
Date Assigned:	07/23/2014	Date of Injury:	02/16/2009
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 44-year-old female who reported an injury 02/16/2009. The mechanism of injury was provided within the medical records. The clinical note indicated diagnoses of status post right dorsal 1st compartment release, bilateral De Quervain's, status post bilateral carpal tunnel release, bilateral medial and lateral epicondylitis, bilateral ulnar neuritis and cervical spine sprain/strain, chronic. The injured worker reported chronic bilateral hand and wrist pain and paresthasias, bilateral elbow pain and chronic neck pain. On physical examination of the cervical spine there was tenderness to palpation across the cervical trapezius ridge with decreased range of motion and pain. The injured worker had spasms and pain with axial compression. The examination of the right hand revealed tenderness to palpation in the peri-incisional still present. The injured worker had diminished grip strength. The examination of the left hand and wrist revealed tenderness to palpation, dorsal 1st compartment tenderness to palpation, a positive Finkelstein and a "positive/negative" Phalen test. The examination of the bilateral elbows revealed tenderness to palpation medially and laterally at the elbows, as well as tennis elbow test and golfer's elbow test. The injured worker had a positive Tinel's along the ulnar distribution bilaterally. The injured worker's treatment plan included continue with home exercise program, refill of Anaprox, Synovacin and await authorization for appeal, followup in 6 weeks. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Anaprox, Norco and Synovacin. The provider submitted a request for Synovacin. A Request for Authorization dated 04/30/2014, was submitted for Synovacin, however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNOVACIN, #90: Upheld

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

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

Decision rationale: The request for SYNOVACIN, #90 is not medically necessary. The CA MTUS guidelines recommend Synovacin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for moderate arthritis pain or osteoarthritis. In addition, there is lack of documentation of efficacy and functional improvement with the use of Synovacin. Moreover, the documentation submitted did not indicate a quantified pain assessment by the injured worker. Furthermore, the request did not indicate a frequency or dosage for the Synovacin. Therefore, the request is not medically necessary.