

Case Number:	CM14-0087404		
Date Assigned:	07/25/2014	Date of Injury:	08/18/2013
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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:

Injured worker is a male with date of injury 8/16/2013. Per primary treating physician's progress report dated 3/19/2014, the injured worker complains of intermittent headaches, rated at 7/10, occasional chest/ribs pain, rated at 7/10, constant right shoulder pain, rated at 8/10, anxiety and depression. Examination was deferred. Diagnoses include 1) headache 2) chest wall contusion 3) right shoulder partial rotator cuff tear 4) anxiety 5) depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine Sodium 500mg #90 (Genicin Caps): 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) section, Page(s): 50.

Decision rationale: The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The requesting physician reports that this medication is prescribed for the treatment of arthritic pain. The clinical evaluation and diagnoses do not indicate that the injured worker is experiencing arthritic pain, so medical necessity of this medication has not been

established. The request for Glucosamine Sodium 500mg #90 (Genicin Caps) is not medically necessary.

Gabaclotram 180g, Gabapentin 10%, Cyclobenzapine 6%, Tramadol 10 %: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not address the use of topical tramadol. The requesting physician explains that this medication is prescribed for treatment of pain and inflammation. Use of this medication is not consistent with the recommendations of the MTUS Guidelines. Medical necessity outside of these guidelines has not been established by the requesting physician. The request for Gabaclotram 180g, Gabapentin 10%, Cyclobenzapine 6%, Tramadol 10 % is not medically necessary.