

<b>Case Number:</b>	CM14-0093905		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/19/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Maryland. 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:

According to the documents available for review, the patient is a 52 year old female. The date of injury is April 19, 2002. The patient sustained an injury to the lumbar spine. The exact mechanism of injury was not elaborated on in the notes available for review. The patient carries the current diagnoses of lumbar disc displacement, acute gastritis, cellulitis, hypertension, lumbago, lumbosacral neuritis, morbid obesity. Patient is maintained on the multimodal pain medication regimen including Genicin and a topical compounded cream. A request for Genicin and topical compounded cream was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for date of service 4/7/14, 11/21/13 & 1/21/14 Genicin 500mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines (ODG), Treatment in Workers Compensation, 2014 web-based edition.

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

**Decision rationale:** According to the medical treatment utilization treatment guidelines regarding use of glucosamine sulphate, it is recommended as an option given its low risk, in

patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride(GH). According to the documents available for review, the patient does not have a current diagnosis of moderate arthritis pain. Therefore at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Retrospective for date of service 2/24/14 & 5/8/13 Gaba 10%/Cyclo 6%/Tram 10%/Lipoderm base 180ml compound.:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.