

Case Number:	CM14-0163368		
Date Assigned:	10/08/2014	Date of Injury:	10/13/2010
Decision Date:	01/22/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 10/13/2010. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities rated 9/10 in severity associated with numbness and tingling sensation. Physical examination of the lumbar spine showed limited motion. Treatment to date has included lumbar epidural steroid injection, physical therapy, and medication such as Omeprazole, Xolido cream, Methoderm gel, Terocin patch, Ambien, Ativan, Cymbalta and Percocet. The Utilization Review from 9/12/2014 denied the request for Genicin capsules #90 because it is only recommended as treatment mainly for knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin capsules #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 50 of the California MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient is a diagnosed case of lumbar radiculopathy. There is no evidence of osteoarthritis to support the request for Genicin. MTUS guideline criteria are not met. Therefore, the request for Genicin #90 capsules is not medically necessary.