MAXIMUS Federal Services

Case Number:	CM14-0194114		
Date Assigned:	12/01/2014	Date of Injury:	03/07/1992
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 1992. In a Utilization Review Report dated November 4, 2014, the claims administrator retrospectively denied a request for Genicin (Glucosamine) reportedly dispensed on May 28, 2013. The claims administrator stated that the applicant did not carry a diagnosis of arthritis and/or knee arthritis for which Glucosamine would have been indicated. The claims administrator did reference a May 20, 2013 neurosurgery note in its denial. The applicant's attorney subsequently appealed. In a February 22, 2013 progress note, the applicant reported ongoing complaints of low back and right ankle pain. The applicant was given diagnoses of right ankle fracture, status post right ankle fusion surgery, right ankle chondromalacia, and lumbosacral disk disease. Medrox patches and acupuncture were endorsed while the applicant was kept off of work, on total temporary disability. In a neurosurgery consultation dated February 18, 2013, the applicant presented with a primary complaint of chronic low back pain. The applicant was diabetic and hypertensive, it was stated. The applicant's medication list included Zestril, Mevacor, Metformin, Aspirin, Glipizide, Tramadol, Flexeril, Naprosyn, and Medrox patches, it was acknowledged. The applicant was given a primary diagnosis of lumbar radiculopathy. The applicant was asked to follow up on a p.r.n. basis. Flexion/extension views of the lumbar spine were endorsed. On May 20, 2013, the applicant again reported severe low back pain radiating to the right leg. The applicant was given a primary diagnosis of lumbar radiculopathy, radio graphically confirmed. There was no mention made of the need for Genicin (Glucosamine) on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Genicin (DOS 05/31/2013): 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 topic Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Glucosamine (Genicin) is indicated in the treatment of issues with arthritis, and, in particular knee arthritis, in this case, however, there was no mention made of the need for Genicin (Glucosamine) usage on any of the office visits, referenced above. It appeared that Genicin (Glucosamine) was dispensed, without any accompanying rationale or commentary as to why it was being employed. There was no mention of the applicant's carrying a diagnosis of clinically-evident arthritis and/or knee arthritis for which Genicin (Glucosamine) would have been indicated. Therefore, the request was not medically necessary.