

Case Number:	CM15-0194796		
Date Assigned:	10/08/2015	Date of Injury:	09/05/2006
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 58 year old male, who sustained an industrial injury, September 5, 2006. The injured worker was undergoing treatment for right shoulder strain and or sprain and rotator cuff syndrome. According to progress note of June 22, 2015, the injured worker's chief complaint was bilateral shoulder pain and neck pain. The injured worker was having some pain in the groins. The injured worker also complained of the hands felling sleepy and the radial digits and the three digits were worse than on the right. The physical exam noted no change in the range of motion in the cervical spine with moderate spasms in the region of the left more than the right lower trapezius, levator scapula and rhomboid musculatures. There was decrease range of motion in both shoulders the subjective complains of paresthesia on the left more than the right. The Phalen's test was positive in the bilateral wrists. The injured worker had clinical carpal tunnel syndrome bilaterally. The injured worker previously received the following treatments Darvocet, Soma, Amitriptyline, physical therapy, home exercise program, Celebrex, Naprosyn, Duexis, Norco, topical ointments, Restoril, heat and ice treatments. The UR (utilization review board) denied certification on September 15, 2015; for the retrospective request for Genicin 600mg (glucosamine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Genicin 600 mg with a dos of 7/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Glucosamine (and Chondroitin sulfate) (2) Shoulder (Acute & Chronic), Glucosamine.

Decision rationale: The claimant sustained a work related injury to the right shoulder and September 2006. His injury occurred when he slipped while stacking bales of insulation. He underwent two right shoulder surgeries. He continues to be treated for chronic pain including neck and bilateral shoulder pain. When seen, he had moderate cervical and right trapezius, levator scapular, and rhomboid muscle spasms. There was decreased shoulder range of motion. Phalen's testing was positive bilaterally. Authorization is being requested for Genicin. Glucosamine sulfate without chondroitin sulfate is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Genicin is a formulation of glucosamine sulfate 500 mg. In this case, the claimant does not have a diagnosis of osteoarthritis of the knee. Glucosamine is not recommended for shoulder disorders as there is no evidence to support it. The requested Genicin is not medically necessary.