

Case Number:	CM15-0033878		
Date Assigned:	02/27/2015	Date of Injury:	08/12/2012
Decision Date:	04/07/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30-year-old male reported a work-related injury on 08/12/2012. According to the Physician Pharmaceutical Intervention dated 9/18/14, the injured worker (IW) is treated for back injury. The IW was diagnosed with L4-5 discogenic pain with radiculopathy and paresthesias in the bilateral lower extremities; chronic neck pain with radiculopathy in the right shoulder and left hand with paresthesia; cervical degenerative disc disease; status post neck sprain/strain; lumbar radiculitis; lumbar disc herniation without myelopathy; status post lumbar and thoracic sprain/strain. Previous treatments include medications. The treating provider requests Genicin 500mg, #90 and Somnicin capsule, #30. The Utilization Review on 02/7/2015 non-certified the request for Genicin 500mg, #90 and Somnicin capsule, #30. The references cited were CA MTUS and Official Disability Guidelines: Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg #90: 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 9792.20 - 9792.26 Page(s): 50.

Decision rationale: Per the guidelines, glucosamine (genicin) is used 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. In this injured worker, the complaint is for back, shoulder and neck pain and not knee osteoarthritis. The records do not substantiate the medical necessity of glucosamine.

Somnicin Capsule #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia.

Decision rationale: Somnicin consists of multiple agents including magnesium oxide, melatonin, oxitriptan and tryptophan used in the treatment of insomnia. Patients with insomnia should receive therapy for any medical or psychiatric condition, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. He has a diagnosis of sleep disordered breathing but no specifics are provided. The records do not substantiate the medical necessity for somnicin.