

Case Number:	CM13-0032148		
Date Assigned:	12/11/2013	Date of Injury:	12/17/2008
Decision Date:	03/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of December 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; unspecified amounts of the physical therapy over the life of claim; unspecified amounts of chiropractic manipulative therapy over the life of the claim; unspecified amounts of acupuncture; and extensive periods of time off of work. In a utilization review report of September 27, 2013, the claims administrator denied a request for Synovacin and topical Dendracin. The applicant's attorney subsequently appealed. A November 13, 2013 progress note is notable for comments that the applicant reports multifocal low-grade low back and knee pain, 1/10. The applicant was issued prescriptions for Naprosyn, Protonix, Flexeril, and Norco. Operating diagnoses included lumbar strain, lumbar radiculopathy, knee strain, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin 500mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate)..

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of moderate arthritis pain, particularly knee arthritis. In this case, however, there is no clear evidence of knee pain associated with knee arthritis. The documentation on file alludes to a diagnosis of knee strain. There is no clearly established diagnosis of clinically evident, radiographically confirmed knee arthritis for which ongoing usage of glucosamine would be indicated. Therefore, the request remains non certified, on independent medical review.

Dendracin Cream 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are a first line palliative method. In this case, the applicant is described as using several first line oral pharmaceutical medications, including tramadol, hydrocodone, Flexeril, Naprosyn, etc., effectively obviating the need for topical agents and/or topical compounds such as Dendracin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise not certified, on independent medical review.