

<b>Case Number:</b>	CM14-0117488		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 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:

According to the records made available for review, this is a 58-year-old female with an 8/13/04 date of injury, and status post cervical fusion (undated). At the time (4/17/14) of request for authorization for Genocin 500 mg #90, there is documentation of subjective (continued neck and low back pain rated 7/10 without medication and 4/10 with medications) and objective (cervical and lumbar spasm, cervical and lumbar range of motion decreased and painful, facet tenderness noted upon exam, healed scar noted anteriorly, radiculopathy present bilaterally at C5-7, sensation decreased at C5-7 bilaterally, Lasegue positive bilaterally, straight leg raise positive to 60 degrees bilaterally, motor weakness noted 4/5 bilaterally, tenderness to palpation positive over lumbar spine, decreased sensation on left at L4-S1, positive impingement sign of right shoulder, painful shoulder range of motion on right, and tenderness to palpation over acromioclavicular joint) findings, current diagnoses (lumbar discogenic disease, bilateral shoulder impingement, and status post cervical fusion), and treatment to date (medications (including ongoing treatment with Genocin, Neurontin, and Prilosec), activity modifications, physical therapy, and home exercise program). There is no (clear) documentation of moderate arthritis pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Genocin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genocin 500 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Food.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of Genocin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic disease, bilateral shoulder impingement, and status post cervical fusion. In addition, there is documentation of ongoing treatment with Genocin. Furthermore, there is documentation of pain. However, there is no (clear) documentation of moderate arthritis pain. In addition, despite documentation of pain 7/10 without medication and 4/10 with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Genocin use to date. Therefore, based on guidelines and a review of the evidence, the request for Genocin 500 mg #90 is not medically necessary.