

Case Number:	CM14-0143503		
Date Assigned:	09/10/2014	Date of Injury:	02/24/2012
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 02/24/2012 after being attacked by a client. The injured worker complained of neck pain that radiated to the upper extremities, mid back and lower back pain with lower extremity numbness and tingling. The injured worker's diagnoses included brachial neuritis or radiculitis, cervical disc protrusion, thoracic disc protrusion, lumbar sprain/strain, lumbar radiculopathy, bilateral shoulder tendinitis, and bilateral wrist sprain/strain. The diagnostics included an electromyography and the nerve conduction velocity study, a MRI of the lumbar spine that revealed some moderately abnormal discs with loss of lordosis and kyphotic alignment with possible exacerbation. The MRI of the cervical spine dated 07/30/2014 revealed mild degenerative bone and disc changes at the C5-6 with loss of lordosis and borderline congenital stenosis. Previous treatments are unavailable. The objective findings dated 08/18/2014 revealed a 50% reduction to the cervical range of motion, positive cervical compression, tenderness and spasm to bilateral trapezil. The motor strength was intact of 5/5, sensory examination intact, pulses were 2+ and symmetric, and capillary refill was brisk. She was positive for blurred and double vision, positive for nausea and vomiting, and positive for unsteady gait. The medications included cyclobenzaprine 7.5, tramadol 50 mg, Terocin patch, and ibuprofen. The treatment plan included medications, a TENS unit, and restorative therapy. The Request for Authorization dated 09/10/2014 was submitted with the documentation. The rationale for the Genicin capsules, Somnicin capsules, and the retro urinalysis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin Capsules: Upheld

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

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

Decision rationale: The request for Genicin Capsules is not medically necessary. The California MTUS indicates that glucosamine is recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The clinical notes did not indicate that the injured worker had a diagnosis of osteoarthritis to the knees. The request did not address the frequency, the dosage, or the duration. As such, the request is not medically necessary.

Somnicin Capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule 1197, page 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, insomnia

Decision rationale: The request for Somnicin Capsules is not medically necessary. The California MTUS/ACOEM does not address. The Official Disability Guidelines indicate that 1 of the components in the Somnicin capsules is melatonin, which is used for insomnia. The guidelines indicate that the injured worker had difficulty with sleep initiation or maintenance, and/or early awakening, also characterized by impairment in daily function due to sleep insufficiency. These impairments include fatigue, irritability, decreased memory, decreased concentration, and malaise. The clinical notes do not indicate that the injured worker had a diagnosis of insomnia or inability to sleep. The request did not indicate the frequency, dosage, or duration. As such, the request is not medically necessary.

Retro Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Retro Urinalysis is not medically necessary. The California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. As such, the request is not medically necessary.