

Case Number:	CM14-0155317		
Date Assigned:	09/25/2014	Date of Injury:	02/24/2009
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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:

39 years old female injured worker with date of injury 2/24/09 with related low back pain. Per progress report dated 7/30/14, the injured worker also reported bilateral lower extremity pain and weakness. Per physical exam of the cervical spine, there was tenderness to palpation over the paracervical and trapezius muscles bilaterally. Physical exam of the lumbar spine noted tenderness to palpation over the paralumbar muscles bilaterally with spasm. Straight leg raising test was positive bilaterally with low back pain and ipsilateral lower extremity pain. EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral upper extremities was positive for moderate bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, injections, chiropractic manipulation, acupuncture, and medication management. The date of UR decision was 8/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin capsules #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: Genicin contains glucosamine. The MTUS Chronic Pain Medical Treatment Guidelines state that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation submitted for review did not note arthritis pain. As the medication is not indicated, the request for Genicin capsules #90 is not medically necessary or appropriate.