

Case Number:	CM14-0158706		
Date Assigned:	10/07/2014	Date of Injury:	04/09/2010
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 52-year-old male with a 4/9/10 date of injury. At the time (9/18/14) of Decision for Genicin Capsule #90, there is documentation of subjective (constant neck pain that radiates to the upper extremities with numbness and tingling, constant lower back pain radiating to the lower extremities with numbness and tingling, and constant right knee pain) and objective (decreased range of motion of the cervical spine, tenderness to palpitation over the cervical spine and the trapezius muscles with spasm, decreased range of motion over the lumbar spine, and positive straight leg raise and femoral stretch test bilaterally) findings, current diagnoses (lumbar radiculopathy, right knee chondromalacia patella, cervical disc protrusion, and cervical radiculopathy), and treatment to date (physical therapy, chiropractic treatment, and medications (including ongoing treatment with Norco)). There is no documentation of moderate arthritis pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin Capsule #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) 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 Genicin. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, right knee chondromalacia patella, cervical disc protrusion, and cervical radiculopathy. However, despite documentation of constant neck, low back, and right knee pain, there is no documentation of moderate arthritis pain. Therefore, based on guidelines and a review of the evidence, the request for Genicin Capsule #90 is not medically necessary.