

Case Number:	CM14-0099693		
Date Assigned:	07/28/2014	Date of Injury:	03/01/2013
Decision Date:	10/06/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 50 year-old male with a date of injury of 03/01/2013. The mechanism of injury is described as cumulative trauma. The patient has been diagnosed with lumbar strain/sprain, cervical strain/sprain and thoracic strain/sprain. His treatments have included imaging studies, and medications. The physical exam findings dated April 11, 2014 show his neck exam with tenderness over the upper trapezius, rhomboids, and upper neck muscles. There is a positive Compression and Jackson test bilaterally. There is pain reported in all planes. Neurological test shows the deep tendon reflexes were reported 2+ and symmetric, muscle strength is +5/+5 and equal. The patient's medications have included, but are not limited to, Synovacin, and Dendracin. The request is for Synovacin and Dendracin. It is unclear if the injured has been on these medications in the past, and what the outcomes of these medications were, as it is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for retro Synovacin 50mg cap Quantity 90: 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 Page(s): 50.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Glucosamine. The patient does not have a current diagnosis of osteoarthritis. According to the clinical documentation provided and current MTUS guidelines; Glucosamine is not indicated as a medical necessity to the patient at this time.

Retro Dendracin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Dendracin. There is lack of documentation that states the patient has had a failure of first line therapy for pain control. According to the clinical documentation provided and current MTUS guidelines; Dendracin is not indicated as a medical necessity to the patient at this time.