

Case Number:	CM14-0210400		
Date Assigned:	12/23/2014	Date of Injury:	10/01/2012
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, chest, rib, knee, foot pain, and headaches reportedly associated with an industrial injury of October 1, 2012. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for Genicin. The claims administrator interpreted the request for Genicin as a request for a topical compounded medication. Other topical compounds were also denied. The claims administrator stated that its decision was based on a date of service of July 5, 2013. Said note was not described or characterized, however. The applicant's attorney subsequently appealed. In an office visit of January 14, 2015, the applicant reported ongoing complaints of low back pain radiating into leg, neck pain radiating into the arm, and right foot weakness. The applicant's medication list was not clearly detailed. The applicant was given diagnosis of lumbar spondylolysis, left footdrop secondary to radiculopathy, failed back syndrome, depression, anxiety, posttraumatic headaches, and migraine headaches. On October 31, 2014, the applicant was given diagnosis of failed back syndrome, lumbar spondylolysis, cervical radiculopathy, depression, anxiety, and gait derangement. There was no mention made of any new issues on this date. Once again, the applicant's medication list was not clearly detailed, although the applicant was reportedly using MiraLax, Neurontin, Klonopin, Restoril, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Genicin for the right knee DOS 7/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Product Description

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is indicated in the treatment of pain associated with arthritis, especially knee arthritis, in this case, however, the documentation on file does not establish either a diagnosis of arthritis or a diagnosis of knee arthritis for which introduction, selection, and/or ongoing usage of Genicin (glucosamine) would have been indicated. Rather, all the documentations submitted suggested that the applicant's primary pain generators are cervical and lumbar radiculopathy, i.e. diagnosis not necessarily amenable to glucosamine (Genicin). Therefore, the request was not medically necessary.