

Case Number:	CM15-0014708		
Date Assigned:	02/02/2015	Date of Injury:	03/28/2009
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 03/28/2003. Her mechanism of injury was not included. Her diagnoses included postlaminectomy syndrome of the cervical spine, cervical disc herniation, cervical facet syndrome, cervicogenic headache, depression, and chronic pain syndrome. Her medications included Wellbutrin 150 mg, Genicin 500 mg, gabapentin 600 mg, and Flexeril 7.5 mg. The progress report dated 12/18/2014 documented the injured worker had complaint of pain that she rated on average at a 7/10 to 8/10. On physical exam, it was noted she had diminished grip strength bilaterally and 4/5 strength measured in the upper extremities. Deep tendon reflexes were 2+ in the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg 1 tab PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) 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 500mg 1 tab PO TID #90 is not medically necessary. The California MTUS guidelines state Chondroitin is 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 sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In a recent meta-analysis, the authors found that the apparent benefits of CIDADFLEX were largely confined to studies of poor methodological quality, such as those with small patient numbers or ones with unclear concealment of allocation. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Glucosamine is not recommended for low back pain. Guidelines state that glucosamine is not significantly different from placebo for reducing pain-related disability or improving health-related quality of life in patients with chronic low back pain and degenerative lumbar osteoarthritis. There is a lack of documentation regarding the injured worker having arthritis pain or knee osteoarthritis. The request for Genicin 500 mg 1 tab by mouth 3 times a day #90 is not medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Flexeril 7.5mg #90 is not medically necessary. The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. The request for Flexeril 7.5 mg #90 is not medically necessary.