

Case Number:	CM15-0014740		
Date Assigned:	02/02/2015	Date of Injury:	12/20/2013
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
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 43-year-old female who reported an injury on 12/20/2013. The injured worker reported a gradual onset of low back and foot pain secondary to continuous activity. The current diagnoses include lumbar disc protrusion, lumbar radiculopathy, right knee internal derangement, bilateral plantar fasciitis, and right foot muscle weakness. The injured worker presented on 10/31/2014 with complaints of low back pain radiating into the left lower extremity causing numbness and tingling. The injured worker also reported occasional right knee pain and constant bilateral foot pain. Upon examination, there was 45 degrees lumbar flexion, 10 degrees extension, 15 degrees right and left lateral flexion, and positive straight leg raising on the left. There was tenderness over the lumbar spine with hypertonicity and spasm in the paravertebral muscles. Right knee range of motion was documented at 135 degrees flexion and 0 degrees extension with crepitus. There was positive patellar grinding and a positive McMurray's sign on the right. There was bilateral ankle range of motion at 30 degrees plantar flexion, 15 degrees dorsiflexion, 25 degrees inversion, and 15 degrees eversion. There was decreased sensation in the left lower extremity at the L5 dermatome. Recommendations included continuation of Norco 10/325 mg, omeprazole 20 mg, Terocin pain patch, and a compounded cream, as well as continuation of the home exercise program. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Glucosamine Sodium (Genicin) 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option given its low risk in patients with moderate arthritis pain. The injured worker does not maintain a diagnosis of arthritis. Additionally, the injured worker has utilized glucosamine sodium since at least 09/2014. There was no documentation of functional improvement despite the ongoing use of this medication. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

30 Tablets of Norco 10/mg/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 09/2014 without any evidence of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

20 Patches of Terocin: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure of first line oral medication. Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

