

Case Number:	CM15-0112120		
Date Assigned:	06/18/2015	Date of Injury:	12/30/2009
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 41 year old female, who sustained an industrial injury on 12/30/09. She reported back and left side injury while transferring a client from a chair to a wheelchair. The injured worker was diagnosed as having hardware pain and status post low back strain with evidence of herniated disc. Treatment to date has included lumbar fusion and hardware removal, oral medications including Effexor, Hydroxyzine, Hydrocodone and cyclobenzaprine. Currently, the injured worker complains of pain with motion and spinal spasms. She is currently not working. Physical exam noted motion related back pain, spinal spasms, lumbosacral tension and restricted range of motion. A request for Genicin 500mg capsules was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg capsule 120gm cream: 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 Glucosamine Page(s): 50.

Decision rationale: Genicin (glucosamine) have been used to treat pain in arthritis. There is a need for more clinical information about the patient condition and the rationale behind the request for Genicin before determining medical necessity. There is no documentation of arthritis. Therefore, the request for Genicin 500mg is not medically necessary.