

Case Number:	CM15-0122887		
Date Assigned:	07/07/2015	Date of Injury:	02/18/2005
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/25/2015

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

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 50-year-old female with an industrial injury dated 02/18/2005. The injury is documented as occurring while carrying a heavy object when she turned and felt a pop in her right shoulder. Later she felt a pop in her neck. Her diagnoses included status post anterior cervical discectomy and fusion cervical 4-cervical 7 with residual cervical kyphosis, thoracic outlet syndrome status post release, multi-level foraminal stenosis, presumed facet syndrome and rule out incomplete fusion. Prior treatment included physical therapy, acupuncture, cervical spine surgery, scalene massage, and thoracic outlet surgery, cortisone injection to right shoulder, cervical nerve block injections, and cognitive behavioral therapy. A comorbid diagnosis was hypertension. She presents on 04/17/2015 with neck pain radiating into bilateral shoulders and arms. Physical examination of the cervical spine noted healed incision with paraspinal tenderness from cervical 3 to cervical 7 bilaterally. Range of motion was limited. Examination of the lumbar spine demonstrated midline tenderness from L4-S1. The requested treatment is for Genicin 500 mg quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50-51.

Decision rationale: Genicin (Glucosamine) is listed as a nutritional supplement that are naturally occurring substance formed of sugar chains believed to help maintain joint cartilage and fluid in patients with osteoarthritis for better movement and flexibility. Guidelines do support its use as an option given its low risk in patients with moderate arthritis pain for knee osteoarthritis; however, there is no diagnostic or clinical findings mentioned for OA nor was there any impression of OA or knee issues on the submitted reports. Medical necessity for this supplement has not been established. Genicin 500 mg Qty 90 is not medically necessary and appropriate.