

Case Number:	CM15-0126725		
Date Assigned:	07/13/2015	Date of Injury:	02/19/2002
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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 was a 66 year old male, who sustained an industrial injury, February 19, 2002. The injured worker was diagnosed with lumbar disc disease, carpal tunnel syndrome, cervical radiculitis, and lumbar spondylosis and T12 compression. The injured worker previously received the following treatments physical therapy, bilateral knee injections, Gabapentin, Glucosamine, Norco, Flurbi cream, epidural facet injections, random toxicology laboratory studies negate for any unexpected findings on February 12, 2015, left wrist x-ray, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which noted mild to moderate carpal tunnel syndrome left greater than the right and left carpal tunnel release. According to progress note of May 12, 2015, the injured worker's chief complaint was low back pain and increasing right knee pain. The injured worker rated the pain at 4 out of 10. The physical exam noted sutures in place to the left palm, without evidence of infection, erythema or exudate. The injured worker had motor function throughout the left hand and fingers. The sensation was intact throughout the left hand. The treatment plan included prescriptions for Genicin and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), pages 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, not for low back complaints. Submitted reports have not demonstrated any diagnostic or clinical findings of knee OA nor was there any impression of OA on the submitted reports. Medical necessity for this supplement has not been established. The Genicin 500 mg, ninety count is not medically necessary or appropriate.

Terocin patches, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury of 2002 nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed oral meds. The Terocin patches, thirty count is not medically necessary or appropriate.