

Case Number:	CM15-0023293		
Date Assigned:	02/12/2015	Date of Injury:	01/12/2013
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 31 year old male, who sustained an industrial injury on 1/12/13. He has reported back injury. The diagnoses have included lumbar disc protrusion at L5-S1, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar radiculopathy and status post lumbar epidural steroid injection. Treatment to date has included oral narcotic pain medication, transdermal gel, topical medications, and epidural injection. Currently, the injured worker complains of occasional neck pain, intermittent mid back pain and constant low back pain with radiation to the left lower extremity with numbness and tingling in the left leg; all pain is rated 2-3/10. Physical exam performed on 12/31/14 revealed diminished cervical range of motion, tenderness to palpation along the cervical spine and tenderness and palpable spasms along the trapezius muscles bilaterally. On 1/21/15 Utilization Review non-certified Genicin 500mg #90, noting it is recommended for moderate pain with osteoarthritis, however there is no evidence the injured has moderate arthritis in any body part. The MTUS, ACOEM Guidelines, was cited. On 2/3/15, the injured worker submitted an application for IMR for review of Genicin 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Chapter.

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

Decision rationale: MTUS supports chondrontin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records provided for review do not indicate a condition of osteoarthritis or indicate the degree of arthritis. As such the medical records do not support the use of glucosamine for the insured congruent with MTUS.