

Case Number:	CM14-0100999		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2012
Decision Date:	09/26/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27-year-old male who reported an injury on 02/18/2012. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar radiculopathy, lumbar disc bulges, central canal stenosis, foraminal stenosis, foraminal stenosis, left S1 radiculopathy, lumbar spine spondylosis and disc collapse, status post left tarsal fracture, left knee sprain/strain. Diagnostic testing included an MRI. Previous treatments included medication, physical therapy, bed rest, exercise program, heat and ice, bilateral lumbar facet injections. Within the clinical note date 02/18/2014 it was reported the injured worker complained of severe low back pain radiating across the bilateral buttocks and bilateral groin. The injured worker rated his pain 8/10 in severity. He described the pain as sharp, shooting, stabbing, and burning in nature in the low back and both hips and both groins. Upon the physical examination the provider noted the injured worker had tenderness to the lumbar spine from L4-5 bilaterally. The injured worker had bilateral lumbar facet tenderness at L4-5 and L5-S1 level. The injured worker had pain in the lumbar spine with extension and side bending. The range of motion of the lumbar spine was limited. The provider recommended the injured worker undergo a radiofrequency ablation. The request submitted is for Somnicin and Genicin. However, rationale was not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Somnicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Foods.

Decision rationale: The request for 30 Capsules of Somnicin is not medically necessary. The Official Disability Guidelines note Somnicin as a medical food, that is a food that is formulated to be consumed or administered internally under the supervision of a physician in which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency and the dosage of the medication. Therefore, the request is not medically necessary.

90 Capsules of Genicin 500mg: 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) Page(s): 50.

Decision rationale: The request for 90 Capsules of Genicin 500mg is not medically necessary. The California MTUS Guidelines note glucose Genicin, also known as glucosamine, is recommended as an option given its low risk in patients with moderate arthritis, especially for any osteoarthritis. Studies have demonstrated a highly significant advocacy for crystalline glucosamine sulfate when all outcomes including joint's space narrowing pain, mobility safety, and response to treatment, but some other studies are lacking for glucosamine hydrochloride. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.