

<b>Case Number:</b>	CM13-0002719		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/25/2006
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant has filed a claim for chronic neck pain reportedly associated with cumulative trauma at work first claimed on January 25, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and alternative treatments. In a progress note of March 17, 2014, the applicant presented with reportedly constant and intractable neck and upper back pain. The applicant was described as off of work. The applicant was also depressed, it was stated. Grip strength was diminished at 5-/5 bilaterally. Multiple trigger points were noted. The applicant was given prescriptions for oxycodone, Soma, and Lyrica. Physical therapy was sought. The applicant was described as receiving Social Security Disability Insurance (SSDI). In an earlier note of January 18, 2014, the applicant received trigger point injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that tizanidine or Zanaflex is FDA approved in the treatment of spasticity and can be employed off-label in the treatment of low back pain. In this case, however, the bulk of the applicant's complaints seemingly pertain to the cervical spine. There is little or no mention made of issues related to lumbar spine or low back. It is further noted that the applicant had seemingly used tizanidine or Zanaflex in the past and had failed to demonstrate any lasting benefit or functional improvement despite earlier usage of the same. The applicant remained off of work, on total temporary disability. The applicant remained highly reliant on other medications, including oxycodone. By all accounts, prior usage of Zanaflex was unsuccessful. Therefore, the request remains not medically necessary.

**RESTONE:** 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), Chronic Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Alternative treatment section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, however, complementary treatments, alternative treatments, and dietary supplements are not recommended in the treatment of chronic pain as they have not been shown to have demonstrated any meaningful benefits or favorable functional outcomes in the treatment of the same. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

**CONDROLITE:** Upheld

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

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

**Decision rationale:** While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine can be employed to treat pain associated with knee arthritis, in this case, however, the applicant's symptoms are seemingly confined to the cervical spine, thoracic spine, shoulder, and wrist. There is no mention of issues related to knee arthritis for which ongoing usage of Condrolite (glucosamine) would be indicated. Accordingly, the request is not medically necessary.

**VITALEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, page 50, Glucosamine topic.

**Decision rationale:** Again, the MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that alternative treatments or dietary supplements such as Vitale are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Accordingly, the request is likewise not medically necessary.