

Case Number:	CM13-0002830		
Date Assigned:	12/11/2013	Date of Injury:	11/17/2008
Decision Date:	01/28/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular, electrodiagnosis 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 physician 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:

██████████ is a 67 year old woman who sustained a work injury on November 17 2008. At that time she twisted her left ankle and foot and have a fall on her right arm. She was treated with physical therapy and pain medication In the note of May 6 2013 (Neurological consultation), the patient was complaining of right upper extremity pain. Her neurological examination showed pain an tenderness over the right elbow and wrist, positive Tinel's in right cubital tunnel, paravertebral lumbar tenderness, decreased sensation in the right upper extremity and bilateral lower extremities, and decreased grip. Her EMG/NCV performed on April 3 2013 showed moderate to severe carpal tunnel syndrome and right compressive ulnar neuropathy. Her MRI of lumbar spine performed on March 17 2012 showed degenerative disc disease. She was diagnosed with sprain in the right wrist, left ankle, recurrent right ulnar neuropathy and recurrent carpal tunnel syndrome. The provider is requesting authorization for Cidaflex to treat the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex three times a day #40 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: According to MTUS guidelines, CIDAFLEX (Glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insuffisance evidence to support the efficacy of glucosamine other that osteoarthritis. Therefore, the request of CIDAFLEX is not medically necessary.