

Case Number:	CM13-0010779		
Date Assigned:	09/19/2013	Date of Injury:	09/11/2012
Decision Date:	02/19/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

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 Emergency 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 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:

The patient has a date of injury of 9/11/2012. The mechanism reportedly from pulling and repositioning a patient leading to right neck and back pain. The patient has diagnosis of cervical and lumbar disc protrusion, musculoligamentous injury and radiculopathy with history of lumbar surgery(laminectomy of L4-5 and fusion in 2009). Also has diagnosis of left rotator cuff tear with shoulder musculoligamentous injury and right rotator cuff tear. Multiple records reviewed from several treating physicians, [REDACTED] (Orthopedics), [REDACTED] (anesthesia) and [REDACTED] (Chiropracter). Last available records provided are from 6/14/13. The patient was complaining of moderate to severe cervical, thoracic and low back pain with pain increasing to severe with lifting or prolonged sitting or walking for 15minutes. Has bilateral shoulder pains right worst than left. Has posterior right knee swelling and pain to left heel of foot with numbness. Objective exam reveals cervical neck exam with 3+ tenderness to cervical paravertebral muscles with spasms. Cervical compression test is positive. Thoracic spine with bilateral paraspinal tenderness with spasms. Lumbar spine with post surgical scar, minimal decreased range of motion (ROM) with 3+ tenderness with spasms and positive straight leg raise. Both shoulders have diffuse pain on exam. Normal neurological exam in upper and lower extremities. Imaging studies were X-rays of lumbar spine on 9/12 showing post-operative changes with some spolyolisthesis and foramina stenosis in L4-5 region and cervical spine shows normal X-ray except for some slight diminished height in C5-6. There is report of EMG (Electromyography) was done but no results provided. An MRI from 12/4/12 of the cervical spine reveals C5-6 disc dessication/minor disc height loss, multilevel degenerative and stenosis of spinal canal, mild at C3-5 and moderate in C5-7 level. C3-4 left foramina stenosis and at C3-4 and C4-5 an

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Condrolite 500/200/150mg tablet, QTY: 90.00, 30-day supply date dispensed 6/21/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Glucosamine (and Chondroitin Sulfate), Page(s): 50.

Decision rationale: Chondrolite is a product that contains glucosamine, chondroitin sulfate and methylsulfonylmethane. According to the MTUS Chronic Pain Medical Treatment guideline, glucosamine and chondroitin have some evidence for arthritic knee pain. Studies have shown minimal to mild benefit for arthritic knee pain with minimal risks. There is no evidence to support its use in shoulder or spinal arthritis. Methylsulfonylmethane is only recommended for Complex Regional Pain Syndrome(CRPS). There is no documentation provided by prescriber as to why Chondrolite was prescribed. Most of the employee's complaints are related to back related pathology which is not an indication for chondroitin/glucosamine use. The employee also has no documentation of CRPS to support the use of methylsulfonylmethane. According to the MTUS guidelines, Chondrolite does not meet any indication for use and is therefore not recommended.