

Case Number:	CM13-0017129		
Date Assigned:	06/06/2014	Date of Injury:	08/24/2005
Decision Date:	07/11/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/27/2013

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 62 year old female who sustained an injury on 08/24/05. No specific mechanism of injury was noted. Rather, this was a cumulative trauma as a result of utilizing a computer for long periods of time. The injured worker is noted to have had a prior history for surgical intervention including a left De Quervain's tenosynovitis release. The injured worker is also noted to have had prior carpal tunnel releases performed. The injured worker is noted to have had several urinary drug screen tests performed in 2013, all of which were negative for controlled substances. The injured worker was seen on 07/03/13 for continuing complaints of residual numbness in the right forearm that had improved with previous physical therapy. Physical examination noted some mild tenderness present in the right elbow as well as pain on right wrist flexion and extension. Tinel's sign was noted to be positive. A urine drug screen specimen was obtained at this evaluation. The injured worker was felt to have continuing tendinopathy in the right forearm with mild residual carpal tunnel syndrome noted on electrodiagnostic studies. The injured worker was recommended to continue with a wrist brace. Prescription medications included Ibuprofen, Vitamin B complex, and Glucosamine/ Chondroitin. The injured worker was prescribed Cartivisc 500/200/150mg, quantity 90 at this evaluation. No other medications were documented. The requested Glucosamine/Chondroitin 500/200/150mg, quantity 90 and urine drug screen were not recommended by utilization review on 07/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE/CHONDROITIN 500/200 MG/150 MG #90: Upheld

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

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

Decision rationale: In regards to the requested Glucosamine/Chondroitin 500/200/150mg, quantity 90, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as Chronic Pain Medical Treatment Guidelines. The use of Chondroitin and Glucosamine is recommended as an option in current evidence based guidelines for the treatment of symptomatic osteoarthritis especially in the knees. From the clinical documentation submitted, there were concerns regarding persistent right forearm tendinopathy. The injured worker has no diagnosis of active symptomatic osteoarthritis that would support the continued use of Glucosamine or Chondroitin for joint health. Given the lack of any clear indications regarding symptomatic osteoarthritis for this injured worker, this reviewer would not have recommended the request as medically necessary.

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: In regards to the requested urine drug screen, this reviewer would not have recommended this test as medically necessary. The injured worker has had multiple recent urinary drug screen tests in 2013, all of which were negative for any controlled substances. The injured worker was not actively being prescribed any scheduled medications to include narcotics or Benzodiazepines. Given the lack of any prescriptions for high risk medications or evidence of any other aberrant medication use, this reviewer would not have recommended the requested urinary drug screen as medically necessary based on Official Disability Guidelines (ODG).