

Case Number:	CM13-0017572		
Date Assigned:	12/11/2013	Date of Injury:	02/03/1998
Decision Date:	02/04/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 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 is a 62 year old male who reported an injury on 02/03/1998 and 05/17/2012. The mechanism of injury was not submitted. The patient complained of low back pain, neck pain and knee pain. The clinical documentation submitted for review stated the patient's pain level is 7-9/10. The patient stated that the neck pain with occasional radiation to the upper extremities is present all day and disturbs his sleep and is worse on the right. The patient stated the low back pain more on the left with some radiating burning and numbness to the left lower extremity. The patient was diagnosed with low back pain, lumbar spine sprain/strain with lumbar degenerative joint disease, history of lumbar degenerative disc disease, facet arthrosis rather moderate at L4-5 and L5-S1 with neural foraminal narrowing, history of cervical sprain/strain with spondylosis, and left knee pain status post left total knee replacement. The patient is taking Norco10/325 four to six times a day, Soma, glucosamine, MSM and Flector patches. The patient has been treated with TENS and underwent an EMG nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Methylsulfonylmethane 500mg daily, #30 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 37.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The clinical documentation submitted for review states the patient complained of pain to the neck, knees and low back. The patient was diagnosed with low back pain, lumbar spine sprain/strain with lumbar degenerative joint disease, history of lumbar degenerative disc disease, facet arthrosis rather moderate at L4-5 and L5-S1 with neural foraminal narrowing, history of cervical sprain/strain with spondylosis, and left knee pain status post left total knee replacement. The patient is taking Norco 10/325 four to six times a day, Soma, glucosamine, MSM and Flector patches. CA MTUS guidelines recommend methylsulfonylmethane (MSM) for patients diagnosed with CRPS. The clinical documentation submitted does not indicate CRPS as a diagnosis of the patient. As such, the request is non-certified.