

Case Number:	CM13-0029854		
Date Assigned:	04/25/2014	Date of Injury:	09/12/1999
Decision Date:	06/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 65 year old male who sustained an injury on 09/12/99. No specific mechanism of injury was noted. The injured worker was followed for ongoing chronic low back pain and left thigh complaints. Treatment included extensive chiropractic therapy which provided a substantial amount of benefit. The injured worker was also being followed for pain management by [REDACTED]. Medications included topical Capsaicin ibuprofen, Gabapentin, and Cidaflex for joint health. As of 08/30/13 the injured worker noted continuing low back and left thigh pain ranging from 4-5/10 on the Visual Analogue Scale (VAS). This was improved with medications and without medications the injured worker had pain scores above 7. On physical examination vital signs were provided on 08/30/13. The injured worker returned on 10/10/13 with no changes on symptoms. The injured worker was pending further chiropractic therapy sessions. Again, no specific physical examination findings were noted. Medications were continued at this visit. The injured worker was also started on topical anti-inflammatory at this visit in addition to oral anti-inflammatories. The injured worker was seen on 11/14/13 for further chiropractic therapy. Follow up on 02/03/14 noted the injured worker was doing well with continuing chiropractic therapy. The injured worker was utilizing Ketoprofen as a topical ointment when needed and oral anti-inflammatories. The injured worker also reported benefits from Cidaflex. Pain scores were between 4-5/10 on Visual Analogue Scale (VAS). No specific physical examination findings were noted. Medications were continued at this visit. Cidaflex, quantity 90 was denied by utilization review on 09/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CIDAFLEX TABLETS, 2 TABLETS EVERY MORNING AND 1 TABLET AT NIGHT,
QTY: 90:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

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, Glucosamine/Chondroitin.

Decision rationale: This medication is a combination of glucosamine and chondroitin. Per guidelines this oral supplement is recommended as an option in the treatment of moderate osteoarthritic pain especially osteoarthritis in the knee. The clinical documentation submitted for review provided no objective evidence establishing diagnosis of osteoarthritis primarily in the knee which would have reasonably benefited from this medication. The injured worker reported benefits from anti-inflammatories. Without objective evidence consistent with ongoing symptomatic osteoarthritis, this medication is not medically necessary.