

Case Number:	CM13-0043758		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2012
Decision Date:	02/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in interventional spine 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:

This is a 28 year-old male, laborer, who was injured at work on 3/20/12 when some large barrels fell on him. He has been diagnosed with: left knee post-surgical; left knee strain/sprain; lumbosacral sprain/strain; DJD lumbar spine, confirmed disc derangement with radiculopathy. The IMR application shows a dispute with the 9/27/13 UR decision. The 9/27/13 UR letter is from [REDACTED] and recommends non-certification for Flex-a-min 7.5mg; a lumbar MRI; a neurosurgical consultation for the lumbar spine; a therapeutic injection to the left wrist and shoulder; and modifies use of Tramadol for weaning purposes. The UR was based on 5 medical reports from 2/13/13 through 9/19/13. The patient had a lumbar MRI on 11/13/12 showing annular fissuring anteriorly at L4/5, and no spinal stenosis, no lateral recess or neural foraminal narrowing and no nerve root impingement. The 2/13/13 surgical report was for left knee ACL repair using Achilles tendon partial medial meniscectomy resecting bucket handle area; partial lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flex-a-min 7.5 mg: Upheld

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

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

Decision rationale: Flex-a-min is a supplement, and therefore not FDA approved to treat any medical condition. It is made up of Glucosamine HCL, chondroitin sulfate, MSM, and boswellia serrata. MTUS may allow for the Glucosamine sulfate, but states that glucosamine HCL. MTUS states: "The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall;" MTUS provides general information on compounded medications on page 111, stating: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend glucosamine HCL, and MTUS specifically states "Boswellia Serrata Resin (Frankincense) is not recommended for chronic pain" and the patient does not meet any of the MTUS criteria for use of MSM. The use of Flex-a-min is not in accordance with MTUS guidelines.

Tramadol 37.5/325 mg: 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 Tramadol (Ultram[®]), page(s) 113 Page(s): 113.

Decision rationale: The initial request for tramadol is from the 9/19/13 report from [REDACTED]. The prior report dated 8/28/13 from [REDACTED] shows the patient is not taking any medications. The report before this is dated 7/30/13 from [REDACTED] and also notes the patient is not taking any medications. It appears that on 9/19/13, Tramadol was prescribed as first-line analgesic for the patient's pain. MTUS states "Tramadol (Ultram[®]) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic" The use of tramadol as a first-line oral analgesic is not in accordance with MTUS guidelines.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The 9/19/13 medical report, in the subjective complaints section states "He is also complaining of low back pain, although, he currently denies pain radiating to either leg" The physical exam shows low back pain with palpation and localized back pain with SLR, but no radiculopathy. The diagnoses includes lumbar DJD "confirmed disc derangement with radiculopathy" On reviewing the prior lumbar MRI from 11/13/12, there was annular fissuring

anteriorly at L4/5, and no spinal stenosis, no lateral recess or neural foraminal narrowing and no nerve root impingement. It is not clear from the available records, where radiculopathy was confirmed. Currently, there are no reported radicular subjective or objective findings, and the prior MRI did not show any foraminal narrowing or posterior disc herniation or nerve root impingement. The MRI appears to confirm the exam findings and subjective complaints that there is no radiculopathy. The patient does not meet the MTUS/ACOEM criteria for a lumbar MRI, and does not meet ODG criteria for repeat lumbar MRI, as there is no progressive neurological deficit.

Neurosurgery consultation regarding lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 263-4, 305-6.

Decision rationale: MTUS/ACOEM has guidelines for lumbar surgery consultation. According to the available medical records, the patient does not meet any of the 4 conditions for a surgical consultation. The request for neurosurgical consultation for the lumbar spine is not in accordance with MTUS. /ACOEM topics.

Therapeutic injection to left wrist and left shoulder with Kenalog and Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The 8/28/13 report from [REDACTED] states the patient had 4 prior injections to the left shoulder without benefit, and had 2 injections to the left wrist. The MRI of the left shoulder was negative, and the left wrist showed tendinopathy of the first dorsal compartment. [REDACTED] injected the first dorsal compartment on 8/28/13. There is no documented functional improvement with the injections provided. MTUS/Chronic Pain guidelines, does not recommend continuing procedures that do not provide functional improvement.