

<b>Case Number:</b>	CM13-0070465		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Physical Medicine and Rehabilitation, 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 63 year old female with a date of injury of 7/21/09 from trying to catch a large file that was falling off a desk. The clinical note dated 12/9/13 reported subjective findings of increased bilateral neck pain that was unrated and radiated to the back of the head, shoulders, and shoulder blades, and increased with reaching up, lifting greater than 5 pounds, typing greater than 15 minutes, cooking, and conducting activities of daily living. She also had complaints of numbness in the bilateral hands, particularly at night. The clinical note also reported that the injured worker completed six physical therapy sessions with significant improvement in pain and tingling, and an increase in daily functioning and decreased use of pain medications. She had also undergone an unspecified number of acupuncture treatments that were reported to improve pain by greater than 40 percent. The clinical note reported objective findings of left posterior shoulder tenderness upon palpation; paravertebral muscle spasms bilaterally; trigger points at the trapezius, supraspinatus, and infraspinatus bilaterally; and positive Tinel's sign bilaterally at the cubital and carpal tunnel. Prior medications included Naprosyn 550mg, 3-4 a week; Cidaflex three times daily; Tramadol 50mg, 2-3 times a week; and Medrox ointment three times daily. The clinical note also referenced an unofficial NCS/EMG of the bilateral upper extremities dated 11/16/11 that found mild bilateral subacute-chronic C5-6 radiculopathy. An unofficial MRI dated 9/27/11 revealed C5-6 disc desiccation, 3-4mm; right greater than left posterolateral osteophyte/disc bulging resulting in moderate to severe right greater than left foraminal narrowing with mild right paracentral cord indentation; C6-7 right greater than left foraminal narrowing due to lateralizing disc bulging; and C3-4 and C4-5 2mm posterior disc bulging. Documented diagnoses include musculoligamentous sprain/strain of the cervical spine, bilateral subacute-chronic C5-6 radiculopathy, right shoulder impingement, status post rotator cuff surgery, left shoulder impingement syndrome, overuse syndrome of the bilateral upper

extremities, bilateral cubital tunnel syndrome, clinical evidence of bilateral carpal tunnel syndrome, and sleep impairment due to pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**90 CIDAFLEX, 1 THREE TIMES A DAY:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation provided did not provide significant evidence that the injured worker was suffering from arthritis pain, as most of the symptoms documented are neuropathic in nature. Additionally, the supplied documentation did not specify the area that this requested medication was intended to treat; the requesting physician's rationale for the request was unclear. Due to the lack of information provided, the request for Cidaflex is not medically necessary.