

Case Number:	CM14-0007002		
Date Assigned:	02/18/2014	Date of Injury:	07/06/2012
Decision Date:	06/13/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 & 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 46 year old female with a reported date of injury on 07/06/2012. According to the clinical documentation dated 11/15/2013, the injured worker presented with frequent bilateral wrist severe, dull, sharp, throbbing numbness, tingling and weakness. The documented objective findings included no bruising, swelling, atrophy or lesions present. The injured worker's diagnoses included bilateral carpal tunnel syndrome, bilateral de Quervain's disease, and sleep disturbance. The injured worker's current medication regimen included Prilosec, Vicodin, hydrocodone, naproxen, omeprazole, restoril, Zolpidem, soma, flurbiprofen and tramadol ER. The request for authorization for condrolite for right De'Quervains tendonitis was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDROLITE FOR RIGHT DE'QUERVAINS TENDONITIS: 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 Page(s): 50-63.

Decision rationale: Condrolite contains glucosamine sulfate 500 mg, chondroitin sulfate 200 mg and MSM 150mg (methylsulfonylmethane). The MTUS Chronic Pain Guidelines recommend Glucosamine and chondroitin as an option in injured workers with moderate arthritis pain, especially knee osteoarthritis. The MTUS Chronic Pain Guidelines recommend MSM for topical DMSO cream. According to the request, condrolite was for deQuervain's affecting the patient's wrists. This does not meet the MTUS Chronic Pain Guidelines for the use of glucosamine sulfate and chondroitin. The request is also unclear as to the medication being requested. Condrolite has an oral and topical formulation. As glucosamine and chondroitin are recommended for osteoarthritis and the MSM formulation is unclear, the request for condrolite for right de'quervains tendonitis is not medically necessary and appropriate.