

Case Number:	CM14-0008639		
Date Assigned:	02/12/2014	Date of Injury:	06/10/2004
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine 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 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 64-year-old male with a reported cumulative injury from 03/08/2001 to 01/12/2004 and 06/10/2004. The mechanism of injury was not submitted with the medical records. The progress note dated 11/19/2013 listed the diagnoses as cervical syrinx and cervical stenosis, left shoulder Charcot joint, status post left shoulder arthroscopy, stress/depression and gastrointestinal upset. The progress note listed his medications as glucosamine/chondroitin, Motrin and tizanidine. The progress note reported on physical examination there was a cervical paraspinal muscle tenderness and bilateral trapezius muscle tenderness. There was also tenderness about the insertion of the paraspinal muscles at the occiput and range of motion was restricted. The Request of Authorization Form dated 11/19/2013 was for tizanidine 4 mg due to cervical syrinx and cervical stenosis, left shoulder Charcot joint, status post left shoulder arthroscopy, stress/depression and gastrointestinal upset. A second Request of Authorization Form dated 11/19/2013 for glucosamine/condroitin #100 due to cervical syrinx and cervical stenosis, left shoulder Charcot joint, status post left shoulder arthroscopy, stress/depression and gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TIZANIDINE 4MG #30 DOS: 11/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The request for retrospective request for glucosamine/chondroitin #100 DOS: 11/19/13 is non-certified. The injured worker has cervical spine and shoulder pain. The California Chronic Medical Treatment Guidelines recommend glucosamine/chondroitin as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker has been documented as having cervical and shoulder pain but does not carry the diagnosis of osteoarthritis. Also, the information provided failed to indicate the efficacy of the medication to support continuation. Therefore, the request is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR GLUCOSAMINE/CHONDROITIN #100 DOS: 11/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GLUCOSAMIN (AND CHONDROITIN SULFATE), 50

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

Decision rationale: The request for retrospective request for tizanidine 4mg #30 DOS: 11/19/13 is non-certified. The injured worker had been on tizanidine for over 6 months with no documentation of efficacy. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, the guidelines also state in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The injured worker has been on tizanidine for more than 6 months for cervical neck and shoulder pain. There is a lack of documentation regarding efficacy of tizanidine. Therefore, the request is not medically necessary.