

<b>Case Number:</b>	CM14-0009839		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational Medicine 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 patient is a 64 year-old female who has filed a claim for lumbar spine stenosis and radiculopathy associated with an industrial injury date of June 08, 2009. Review of progress notes indicates worsening low back pain radiating to the bilateral posterolateral extremities up to the feet in the L4-5 and L5-S1 distributions, associated with tingling, weakness, and numbness. The patient also reports shoulder pain. Findings of the lumbar spine include tenderness and spasms, trigger points, decreased range of motion, decreased sensation in the bilateral lower extremities, and positive straight leg raise test bilaterally. Regarding the shoulder, findings include tenderness and decreased range of motion. The patient walks with an antalgic gait. Lumbar MRI dated June 28, 2013 showed multilevel disc bulges with central stenosis at L3-4. X-ray of the left shoulder dated September 12, 2013 showed a large osteophyte off the humeral head, and marked narrowing with irregularity of the glenohumeral joint. Treatment to date has included NSAIDs and physical therapy. Of note, patient has had right knee arthroscopic surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC SESSIONS FOR LUMBAR SPINE; 2 TIMES A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In this case, the requested quantity exceeds guideline recommendations for the initial course. Therefore, the request for chiropractic sessions for lumbar spine 2 times a week for 6 weeks was not medically necessary.

**NORCO 10/325 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Urine drug screen from July 2013 detected prescribed hydrocodone. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Previous utilization review determination, dated January 15, 2014, has already certified this request. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

**PRILOSEC 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. There is no documentation whether the patient is currently on this medication. There is no documentation regarding upper GI symptoms, or of the abovementioned risk factors in this patient. Therefore, the request for Prilosec 20mg #60 was not medically necessary.

**CONDROLITE 500/200/150 MG # 90; ONE 3 TIMES A DAY WITH MEALS:** Upheld

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

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

**Decision rationale:** An online search indicates that Condrolite is composed of glucosamine sulfate 500mg, chondroitin sulfate 200mg, and MSM 150mg. CA MTUS Chronic Pain Medical Treatment Guidelines states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient presents with left shoulder pain with radiograph findings of arthrosis. However, there are no studies showing significant improvement of shoulder conditions with glucosamine and chondroitin. The patient is currently on NSAIDs, and there is no documentation that this medication is inadequate in managing the patient's shoulder pain. Therefore, the request for Condrolite was not medically necessary.