

Case Number:	CM14-0010005		
Date Assigned:	02/21/2014	Date of Injury:	05/04/2001
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in North Carolina. 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 47-year-old with a reported date of injury of 05/04/2001. The patient has the diagnoses of cervical strain with left cervical radiculopathy with disc protrusion at C5-6, status post closed head injury with post traumatic head syndrome, status post deviated nasal septum, left knee strain, right knee pain, secondary depression/insomnia, GI upset and renal insufficiency due to NSAID use. Treatment modalities have included cervical spine surgery, nasal septum surgery, pain medication and physical therapy. The most recent progress notes from the primary treating physician dated 12/16/2013 states the patient subjectively reported the medical conditions remained stable with neck pain rated a 7/10. Physical exam noted mild "puffiness" of the right knee with slight to moderate tenderness of the patellar region and medial joint line, slight spasm of the paracervical muscles and sensation slightly to moderately decreased to pinprick, light touch and vibration on the left side of the body. The treatment recommendations were for continued pain medication, psychiatric treatment and Cidaflex for the knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIDAFLEX #90: 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
GLUCOSAMINE AND CHONDRITIN Page(s): 50.

Decision rationale: The California MTUS recommends glucosamine and chondroitin as a treatment option given its low risk in patients with moderate arthritic pain especially in knee osteoarthritis. This employee has a diagnosis of knee pain and knee strain. The employee does not have an established diagnosis of osteoarthritis of the knee or radiographic evidence of osteoarthritis. In the absence of an established arthritic cause of the knee pain, glucosamine and chondroitin cannot be certified.