

Case Number:	CM14-0016007		
Date Assigned:	06/04/2014	Date of Injury:	10/31/2012
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 60-year-old male with a reported injury date on 10/31/2012. The mechanism of injury was not provided. The injured worker's diagnoses include moderate degenerative disc and facet disease with stenosis at C5 and C6, and C6 and C7, lumbar degeneration L1 through S1, and disc bulges and foraminal stenosis at L3 through S1. The clinical note dated 05/02/2013 noted that the injured worker had complaints of cervical pain and difficulty with day to day activities. Upon physical examination of the cervical spine, it was noted that there was tenderness in the left paracervical muscles bilaterally with spasms and tenderness in the trapezius. Additional exam findings included range of motion of the cervical spine measured at 15 degrees extension, 45 degrees of right and left rotation. Additionally, it was noted that there was decreased sensation along the left C6, C7 and T1. Upon examination of the lumbar spine, it was noted that the injured worker had difficulty walking, difficulty changing position and getting onto the exam table. It was also noted there was tenderness in the paraspinal regions. In addition, it was noted that there was muscle spasms present. The treatment plan included a prescription of Valium 10mg 1 tablet twice a day as needed for spasms, and glucosamine chondroitin 3 pills daily. It was noted that the injured worker has been tolerating these medications well and that they have improved his activity level and reduced his pain level. The request for authorization form was not provided within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG TABLETS #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium 10mg tablets #180 is non-certified. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. The guidelines limit use to 4 weeks. Although it was noted in the documentation that this medication has improved his activity level and reduced his pain level, there is a lack of quantifiable evidence within the documentation showing that this medication is providing the desired therapeutic effects. Additionally, it remains unclear how long the injured worker has been prescribed this medication; as it is only recommended for use to 4 weeks. As such, this request is non-certified.

GLUCOSAMINE 750MG TABLETS #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The request for glucosamine 750mg tablets #270 is non-certified. The California MTUS Guidelines state that glucosamine may be recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is a lack of objective evidence provided within the available documentation that the injured worker would benefit from the use of this requested medication. Additionally, there was a lack of rationale provided within the available documentation as to why this requested medication is being prescribed. Furthermore, there is a lack of quantifiable evidence within available documentation that this requested medication has provided a therapeutic effect. As such, this request is non-certified.

CHONDROITIN 600MG TABLETS #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The request for chondroitin 600mg tablets #270 is non-certified. The California MTUS Guidelines recommend chondroitin as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. There is a lack of objective evidence provided within the available documentation that the injured worker would benefit from the use of this requested medication. Additionally, there was a lack of rationale provided within the available documentation as to why this requested medication is being prescribed. Furthermore, there is a lack of quantifiable evidence within available documentation that this requested medication has provided a therapeutic effect. As such, this request is non-certified.