

Case Number:	CM14-0016148		
Date Assigned:	06/04/2014	Date of Injury:	05/09/2001
Decision Date:	08/12/2014	UR Denial Date:	01/24/2014
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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 05/09/2001. The mechanism of injury was not provided with the documentation. The injured worker's prior treatments were noted to be physical therapy, paraffin wax bath, acupuncture, injections, and medications. The injured worker's diagnoses was noted to be carpal tunnel syndrome, pain in shoulder, pain in hand, and cervical disc displacement with myelopathy. The injured worker had a clinical evaluation on 01/29/2014. Her chief complaints were neck, shoulder, and upper extremity pain. The injured worker used topical pain relief cream. With use of medications, she reported her pain a 4/10 and without medications her pain level was a 10/10. The treatment plan included a cortisone injections. The provider's rationale for the medications requested were provided within the documentation. A Request for Authorization for medical treatment was not included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin-Glucosamine Sulfate 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (And Chondroitin Sulfate).

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

Decision rationale: The request for Synovacin-glucosamine sulfate 500 mg quantity 90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The injured worker has complained of neck, shoulder and upper extremity pain. It is noted that the injured worker cannot lift her shoulders without use of medications. An MRI noted osteoarthritis of the left shoulder. The injured worker notes relief with use of medications. However, the request fails to indicate a dosage frequency. Therefore, the request for Synovacin-glucosamine sulfate 500 mg quantity 90 is not medically necessary.

Cyclobenzaprine-Flexeril 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for cyclobenzaprine-Flexeril 7.5 mg quantity 90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. The evaluation lacks significant documentation for use of a muscle relaxant including efficacy, side effects, duration of short term therapy and failed conservative care prior to medication use. In addition, the request for cyclobenzaprine fails to indicate a dosage frequency. Therefore, the request for cyclobenzaprine-Flexeril 7.5 mg quantity 90 is not medically necessary.