

Case Number:	CM14-0123212		
Date Assigned:	08/08/2014	Date of Injury:	01/25/2001
Decision Date:	09/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 51-year-old female who reported an injury on 01/25/2001. The mechanism of injury was not provided. The diagnostic studies and surgical history were not provided. The documentation indicated the injured worker had undergone an MRI and a urinalysis. The injured worker's was noted to be using Zanaflex and glucosamine chondroitin as of 11/2013. There was a detailed DWC Form RFA for each of the requested medications. There was no PR-2 including subjective and objective physical examination to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg; 1 tablet every 6 hours #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. There should be documentation of objective functional benefit. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 11/2013. There was a lack of

documentation objective functional benefit and exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of a PR-2 submitted with the request. Given the above, the request for Zanaflex 4 mg 1 tablet every 6 hours #120 is not medically necessary.

Cartivisc (Glucosamine/Chondroitin); 1 tablet 3 times a day #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend glucosamine and chondroitin for injured workers with moderate osteoarthritis. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 11/2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain. Given the above, the request for Cartivisc (glucosamine/chondroitin) 1 tablet 3 times a day #90 is not medically necessary.