MAXIMUS Federal Services

Case Number:	CM14-0152876		
Date Assigned:	09/23/2014	Date of Injury:	01/20/2011
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 44-year-old male who has submitted a claim for chronic sprain/strain of cervicothoracic spine and associated musculoligamentous structures with C3-4 through C6-7 disc bulge and chronic sprain/strain of the lumbosacral spine and associated musculoligamentous structures with L5-S1 disc protrusion, associated with an industrial injury date of 01/20/11.Medical records from March to September 2014 were reviewed. Patient apparently sustained an injury while working in his capacity as a parole officer when he was slammed by the body of a six-foot, 270-pound parolee against an adjacently parked vehicle as he was assisting him to get out of a vehicle. 09/10/14 progress report showed that patient had persistent pain, reported as significantly worse than the previous visit. Objective examination notes that there was no significant change from previous visit, however there was no documentation of the physical examination findings of the latest visit, except for his 03/19/14 where everything was found to be within normal limits aside from a weight of 263lbs. There was no imaging results included in the records for review. Plan was to continue previous medications and to start on glucosamine and chondroitin. Treatment to date has included physical therapy, gym exercises and medications (Tramadol since at least 10/21/12, Dexilant, Citrucel, Bentyl and Acidgone since at least 03/10/14). Utilization review date of 08/21/14 denied the requests for Tramadol because it is not recommended as a first-line oral analgesic and there was no documentation of a failed first-line oral treatment; and Chondroitin and Glucosamine because these are not recommended for spinal disorders and for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tablets, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS SECTION, TRAMADOL Page(s): 74-81, 84.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. It has been shown on Cochrane studies to be associated with decreased pain intensity, produced symptom relief and improved function for a time period of up to 3 months, but adverse events often caused study participants to discontinue this medication, limiting its usefulness. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Also, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, patient has been using Tramadol since at least 10/21/12. There was no documentation of treatment failure to first-line medications prior to the use of Tramadol. Also, there was no documentation of improvement in patient's pain in relation to his performance of ADLs with the use of Tramadol. There was insufficient information to assess patient's response to medications based on the submitted records for review. There was no note of ongoing monitoring of opioid use with regards to side effects and drug-related behaviors. Therefore, the request for Tramadol 50mg tablets, QTY: 180 is not medically necessary.

Glucosamine 1500mg tablets, QTY: 240: 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),

MAXIMUS 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, Glucosamine (and Chondroitin sulfate)

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine and Chondroitin Sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. The Official Disability Guidelines state that compelling evidence exists to show that glucosamine may reduce the progression of knee osteoarthritis and recommends glucosamine and chondroitin sulfate as an option in patients with

moderate arthritis pain. In this case, there was no prior use of glucosamine. The most recent progress reports failed to document subjective complaints and objective findings pertaining to the knee or any complaints that may suggest osteoarthritis. There were no imaging studies to show arthritic changes in any of the body parts certified. Furthermore, there was no mention that patient was intolerant or had failed treatment with other first-line medications with proven safety and efficacy. It is unclear as to what additional benefits can be derived from this supplement. The medical necessity cannot be established due to insufficient information. Therefore, the request for Glucosamine 1500mg tablets QTY: 240 is not medically necessary.

Chondroitin 1200mg tablets, QTY: 240: 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),

MAXIMUS 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, Glucosamine (and Chondroitin sulfate)

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine and Chondroitin Sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. The Official Disability Guidelines state that compelling evidence exists to show that glucosamine may reduce the progression of knee osteoarthritis and recommends glucosamine and chondroitin sulfate as an option in patients with moderate arthritis pain. In this case, there was no prior use of glucosamine. The most recent progress reports failed to document subjective complaints and objective findings pertaining to the knee or any complaints that may suggest osteoarthritis. There were no imaging studies to show arthritic changes in any of the body parts certified. Furthermore, there was no mention that patient was intolerant or had failed treatment with other first-line medications with proven safety and efficacy. It is unclear as to what additional benefits can be derived from this supplement. The medical necessity cannot be established due to insufficient information. Therefore, the request for Chondroitin 1200mg tablets QTY: 240 is not medically necessary.