

Case Number:	CM14-0034035		
Date Assigned:	06/20/2014	Date of Injury:	05/20/2011
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 Illinois. 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 66-year-old female with a reported injury on 05/20/2011. The mechanism of injury was not provided within the clinical notes. The clinical notes dated 02/05/2014 indicated that the injured worker complained of neck and upper extremity pain. The physical examination was negative for any significant abnormalities. An X-ray of the injured worker's cervical spine dated 10/08/2013 reported degeneration at C5-6 with foraminal stenosis bilaterally, to a lesser degree C4-5, C6-7, and mild degree at C3-4 and C7-T1. The MRI to the right shoulder dated 01/06/2012 reported a small to moderate sized partial thickness intrasubstance tear of the supraspinatus tendon, distally, mild chronic supraspinatus and infraspinatus tendinopathy, mild to moderate acromioclavicular osteoarthritis, and a minimal subacromial spurring. An MRI of the injured worker's left shoulder dated 01/06/2012 revealed small to moderate sized partial thickness bursal surface tears of the supraspinatus tendon, distally, mild to moderate acromioclavicular osteoarthritis, a minimal subacromial spurring, and mild chronic supraspinatus and infraspinatus tendinopathy changes. The injured worker's prescribed medication list included Advil, Biofreeze, tramadol/acetaminophen, Flexeril, Theraflex, Cozaar, metformin, simvastatin, terazosin, and omega 3. The injured worker's diagnoses included cervical spinal stenosis; pain in joint shoulder bilaterally; pain in joint hand, thumb, basilar joint, bilaterally; and sacrum disorders. The provider requested Theraflex; the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/05/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex SIG: use TID (three times a day) as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Theraflex (3 times a day as needed) is not medically necessary, based on the injured worker's complaints of neck and upper extremity pain. The treating physician's rationale for Theraflex was not provided within the clinical notes. Theraflex's active ingredients are Glucosamine and Chondroitin. The California MTUS guidelines recommend Glucosamine (and Chondroitin Sulfate) as a treatment option given its low risk in patients with moderate arthritis pain. Theraflex is classified as a mucopolysaccharide, and works by stimulating the regeneration of cartilaginous tissue as well as providing moderate anti-inflammatory effects. The clinical information provided does not document the efficacy of Theraflex as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the location of the application for the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant the medical necessity. As such, the request is not medically necessary.