

<b>Case Number:</b>	CM14-0034575		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/10/1993
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 52-year-old gentleman with a date of injury of 09/10/1993. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 11/24/2013, 01/05/2014, and 02/16/2014 described the worker was experiencing pain that originated in his hands and shoulders and went into his neck, head, elbows, and forearms; intermittent numbness in both hands; arm burning sensations and weakness in both arms; headaches; and recent leg swelling that improved. The intensity on average was 5 on a 0 to 10 scale. The reviewed documentation indicated the worker's medications to treat pain included Hydrocodone with acetaminophen, Zonisamide, Tizanidine, Glucosamine 500mg with Chondroitin, and laxatives as needed. Flecainide was held after the worker had a second heart attack for unclear reasons, although the work up for this issue had not been completed according to these notes. The documentation indicated that use of this regimen decreased the worker's pain by 70%, improved function, and improved his quality of life. The pain was reportedly worsened with holding the Flecainide, but details were not described. Documented examinations consistently showed decreased motion in the shoulders but were otherwise normal. The reviewed notes concluded the worker was suffering from brachial plexus neuritis/neuropathy. Recorded treatment plans included maximizing treatment of the worker's medical issues, restarting Flecainide once the cardiologist approved its continued use, repeating a MRI of the cervical spine, and continuing the worker's Tizanidine and Zonisamide. No details about the use of Glucosamine with Chondroitin were documented. A Utilization Review decision by [REDACTED] was rendered on 02/27/2014 recommending non-certification for Flecainide 100mg, #120, and for Glucosamine 800mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flecainide 100 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Flecainide: Drug Information. Topic 8449, Version 78.0. UpToDate, accessed 07/15/2014.

**Decision rationale:** The California MTUS Guidelines are silent as to the issue of the use of the medication Flecainide for pain management. Using it for this purpose is considered "off label" and is not approved by the FDA. Flecainide is approved to control specific heart rhythms that are life-threatening. Some of the more common possible side effects include headaches, leg swelling, chest pain, and abnormal heart rhythms. Office visit notes by [REDACTED] dated 11/24/2013, 01/05/2014, and 02/16/2014 reported the worker was experiencing intermittent headaches and had had foot swelling that decreased when another pain medication was stopped. The reviewed documentation also reported the worker had had two heart attacks with the first on 03/07/2013. The literature has demonstrated that the use of Flecainide in people who have had a heart attack within the prior two years and who do not have life-threatening heart rhythms can cause harm. Further, its known possible side effects of causing chest pain and abnormal heart rhythms could complicate the work up and management of the worker's known heart issues. While the reviewed documentation reported the medication would be continued only after the cardiologist approved it, there was no indication this approval was obtained. In the absence of such evidence, the current request for Flecainide 120mg is not medically necessary.

**Glucosamine 800 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Chapter: Pain.

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

**Decision rationale:** The California MTUS Guidelines suggest the option of glucosamine for moderate arthritis pain management, especially knee pain due to osteoarthritis. The literature has shown the combination may be effective in a subgroup of people with moderate to severe knee pain, although these studies were limited and of poor quality. Office visit notes by [REDACTED] [REDACTED] dated 11/24/2013, 01/05/2014, and 02/16/2014 reported the worker was experiencing pain involving the arms due to brachial plexus neuritis/neuropathy. There was no discussion of knee pain or of pain due to arthritis of any type. The reviewed documentation also did not indicate the reason Glucosamine was prescribed, describe its benefit, or detail the reason the dose

was being raised from 500mg to 800mg. In the absence of such evidence, the current request for Glucosamine 800mg is not medically necessary.