

Case Number:	CM14-0038020		
Date Assigned:	06/25/2014	Date of Injury:	11/04/2009
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 50-year-old male with a 11/4/09 date of injury. The mechanism of injury was not noted. According to a 3/14/14 progress note, the patient complained of right shoulder pain and upper back pain. He stated that something is not right with the shoulder, he feels a click when he moves it. The patient reported his pain score at a 5/10 with medications and a 6-7/10 without medications on a pain scale of 0-10. Objective findings: right shoulder forward flexion measured 90 degrees with pain at the end range of motion, external rotation within normal limits but there was pain at the end of this ROM as well. Diagnostic impression: lumbar radiculopathy, right shoulder sprain/strain s/p surgery, right shoulder pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain. Treatment to date: medication management, activity modification, right shoulder arthroscopy with arthroscopic subacromial decompression. A UR decision dated 3/21/14 denied the request for Cidaflex. Guidelines clearly state that glucosamine (and chondroitin sulfate) is recommended for patients with moderate knee pain. A review of the records does not include a diagnosis of shoulder arthritis or knee arthritis for which glucosamine is most highly recommended. Additionally, there were no diagnostic reports submitted that indicated findings of arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex #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 9792.24.2
Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. According to the reports reviewed, the patient does not have a diagnosis of an arthritic condition. A specific rationale identifying why Cidaflex would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cidaflex #90 was not medically necessary.