

Case Number:	CM14-0046277		
Date Assigned:	06/25/2014	Date of Injury:	06/18/2013
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain 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 54-year-old female with a 6/18/13 date of injury which occurred as she was stepping off a bus. Progress note dated 1/3/14 described continuous pain in bilateral knees, left wrist/hand, and low back pain. There were difficulties with ADLs. Treatment plan discussed medications. Chiropractic note dated 2/28/14 described lumbar spine, left wrist, left knee, and right knee pain (8-9/10), as well as difficulties with sleep secondary to pain. The patient was reported to suffer from depression, anxiety, and irritability. Clinically, there is tenderness with spasms in the lumbar spine, and positive bilateral SLR; tenderness at the left wrist with muscle spasm; and positive Phalen's and Finkelstein's testing. In the bilateral knees, there is tenderness to palpation in the lateral/medial joint line with spasms. McMurray's was positive on the right. Progress note dated 3/17/14 discussed continued medications. There were complaints of lumbar spine, left wrist, and bilateral knee pain. Diagnosis included lumbar radiculopathy, left de Quervain's disease, and bilateral knee internal derangement. Urine drug screens from 10/9/13 and 1/30/14 were negative for all medications. Urine drug screen from 2/24/14 was also negative for all medications, including opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325MG, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

Decision rationale: Medical necessity for the requested Hydrocodone is not established. The patient has a 2013 date of injury, and has been utilizing Hydrocodone for some time. Consistent urine drug screens were negative for all medications, including opioids. There is no documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior, as required by California MTUS. Chronic pain management with the use of opioid medications must be accompanied with clear and concise documentation of ongoing evaluation of compliance, utilizing UDS and a pain contract, as well as documented continued efficacy. This has not been demonstrated and the request remains unsubstantiated.

Alprozolam 1MG count 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Medical necessity for the requested Benzodiazepine is not established. The California MTUS Chronic Pain Medical Treatment Guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Guidelines do not support long-term use of Benzodiazepines, and there is no documentation of continued efficacy. The request is not substantiated.

Condrolite 500/200/150MG count 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://enovachum.us.com/portfolio/condrolite>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Methylsulfonylmethane (MSM), (<http://en.wikipedia.org/wiki/Methylsulfonylmethane>).

Decision rationale: Medical necessity for this is requested Condrolite is not established. This is a medical nutritional supplement that consists of Glucosamine Sulfate, Chondroitin Sulfate, and MSM. Although this medication is utilized to treat inflammatory joint disorders and osteoarthritis, efficacy of nutritional supplements are not entirely clear. MSM is a dietary supplement, and there is no discussion of a nutritional deficiency. There is no discussion of efficacy of this medication. Request is not substantiated.