

Case Number:	CM14-0057702		
Date Assigned:	07/09/2014	Date of Injury:	02/26/2002
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Management, 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:

According to the records made available for review, this is a 51-year-old female with a 2/26/02 date of injury. At the time (3/14/14) of the request for authorization for Pharmacy purchase of Optiflex MIS Complete #30, there is documentation of subjective (pain, depression and anxiety) and objective (range of motion for cervical spine reveals abnormal findings, neck palpation reveals tenderness, range of motion for thoracic spine shows abnormal findings, range of motion for lumbar spine reveals abnormal findings, tender over paraspinal area bilaterally to palpation, McMurray's test is positive on left side, Apley's test is positive on left side) findings, current diagnoses (headache, unspecified musculoskeletal disorders and symptoms referable to neck, other unspecified back disorder, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, derangement of meniscus not elsewhere classified, carpal tunnel syndrome, and tarsal tunnel syndrome), and treatment to date (medication including ongoing use of Glucosamine/Chondroitin). There is no documentation of moderate arthritis pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Glucosamine/Chondroitin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Optiflex MIS Complete #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of glucosamine/chondroitin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of headache, unspecified musculoskeletal disorders and symptoms referable to neck, other unspecified back disorder, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, derangement of meniscus not elsewhere classified, carpal tunnel syndrome, and tarsal tunnel syndrome. In addition, there is documentation of ongoing use of glucosamine/chondroitin. However, there is no documentation of moderate arthritis pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Glucosamine/Chondroitin. Therefore, based on guidelines and a review of the evidence, the request for Pharmacy purchase of Optiflex MIS Complete #30 is not medically necessary.