

<b>Case Number:</b>	CM14-0068022		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 47-year-old male who reported an injury 02/15/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 03/28/2014 indicated diagnoses of left shoulder impingement syndrome, left shoulder myoligamentous injury, left shoulder sprain/strain, right shoulder impingement syndrome, right shoulder myoligamentous injury, right shoulder sprain/strain, left and right elbow sprain/strain, left lateral epicondylitis and right lateral epicondylitis, left and right carpal sprain/strain, with left and right carpal tunnel syndrome. The injured worker reported constant to moderate dull, sharp, stabbing, throbbing, burning left shoulder pain, stiffness, heaviness and weakness that radiated to the shoulder joints and right shoulder pain that was constant to moderate dull, sharp, stabbing, throbbing, burning shoulder pain with stiffness, heaviness and weakness. The injured worker reported bilateral elbow mild to moderate sharp stabbing burning left elbow pain with heaviness and weakness that radiated to palm and wrist. The injured worker reported the right elbow weakness radiated to the forearm. The injured worker reported bilateral wrist pain that was constant, moderate, dull, sharp, stabbing, throbbing, burning bilateral wrist stiffness, heaviness and weakness that radiated to the fingers. On physical examination, the injured worker's shoulders were intact, left and right elbows were intact, and left and right wrists were intact. The injured worker's prior treatments included medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for Cyclobenzaprine, Norco, and Cartivisc. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The CA MTUS guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It was not indicated the injured worker had been utilizing this medication. If so, there was lack of efficacy or functional improvement with the use of this medication. Additionally, the request did not indicate a frequency. Therefore, the request for Cyclobenzaprine is not medically necessary.

**Hydrocodone/APAP 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91,78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicate how long the injured worker had been utilizing the Norco. Additionally, the request did not indicate a frequency. Therefore, the request for Hydrocodone/APAP 10/325mg #120 is not medically necessary.

**Cartivisc 500/200/150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines( updated 03/27/14)Glucosamine (and Chondroitin sulfate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Glucosamine (and Chondroitin sulfate).

**Decision rationale:** The Official Disability Guidelines states the benefit of glucosamine with or without chondroitin remains unclear. However, the possible interaction between chondroitin and

anticoagulants may be an issue for some patients. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for arthritis. In addition, per the guidelines the benefit of Glucosamine with or without chondroitin is uncertain. Not to mention, there was lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency. Therefore, the request is not medically necessary and appropriate.