

Case Number:	CM14-0083837		
Date Assigned:	07/21/2014	Date of Injury:	01/06/2013
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 and 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 49-year-old female with a date of injury of 1/6/13. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include injury to fingers/thumb. Her previous treatments were noted to include medications. A progress note dated 6/13/14 revealed that the injured worker complained of activity dependent to constant moderate dull, throbbing right wrist pain, and stiffness and weakness radiating to her hand. The physical examination revealed no bruising, swelling, atrophy, or lesion present at the right wrist.

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 (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least June 2014. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in

reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. There was a lack of documentation regarding muscle spasms to warrant this medication. Therefore, the request is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-78, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The injured worker complained of activity dependent to constant moderate dull, throbbing right wrist pain and stiffness and weakness radiating to her hand. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for Ongoing Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status, and side effects. The last urine drug screen was performed on 6/13/14; however, the results were not submitted within the medical records. Therefore, the request is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The injured worker complained of activity dependent to constant moderate dull, throbbing right wrist pain and stiffness and weakness radiating to her hand. The California Chronic Pain Medical Treatment Guidelines recommend the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain and osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic back pain. The guidelines recommend NSAIDs for short term symptomatic relief of chronic low back pain. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Therefore, the request 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); MSM (methylsulfonylmethane), See CRPS medications, DMSO; CRPS medications Page(s): 50, 63, 37-38. Decision based on Non-MTUS Citation

Official Disability Guidelines, Pain (updated 04/10/2014), CRPS, medications.

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

Decision rationale: Cartivisc is a medical food that consists of glucosamine sulfate/methylsulfonylmeth/chondroitin sulfate. The California Chronic Pain Medical Treatment Guidelines recommend glucosamine and chondroitin sulfate as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. The injured worker does not have a diagnosis consistent with osteoarthritis. Therefore, the request is not medically necessary.