

Case Number:	CM14-0188418		
Date Assigned:	11/19/2014	Date of Injury:	04/04/1997
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 and Rehabilitation 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 underlying date of injury in this case is 04/04/1997. The date of the utilization review under appeal is 10/21/2014. On 09/29/2014, the patient was seen in primary treating physician followup regarding neck pain as well as back pain radiating from the low back down both legs. The patient was taking medications as prescribed and reported they were working well. These included Remeron, Senokot, Osteo Bi-Flex, Lidoderm patch, Metamucil, capsaicin, Cymbalta, Naprosyn, Medrol, Ambien CR, oxycodone, Percocet, magnesium, and metoprolol. The patient has ongoing pain. The patient and physician discussed possible spinal cord stimulator placement as the patient was looking for more relief than what his medications could provide. His diagnoses reported as a cervical post-laminectomy syndrome, lumbar spinal degenerative disc disease, low back pain, shoulder pain, and cervical pain. The patient was prescribed Ambien and also Osteo Bi-Flex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteo Bi-Flex #540: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on glucosamine and chondroitin sulfate, page 50, states that this treatment is recommended as an option given its low risk in patients with moderate arthritis particularly from the osteoarthritis. The medical records do not indicate that this treatment has been requested for osteoarthritis, particularly osteoarthritis at the knee. Overall, the rationale or indication for this request is not apparent in the records and guidelines. This request is not medically necessary.