

Case Number:	CM14-0204130		
Date Assigned:	12/16/2014	Date of Injury:	09/05/2003
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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 injured worker was a 34 year old female, who was injured one the job, September 5, 2003, the injured worker suffers from chronic lower back pain. The injured worker was permanently and stationary disabled. According to the progress note of September 28, 2014, the injured worker received 50% relief from pain with taking Norco. IN the past the injured worker received hardware blocks for pain, with relief for about a week. Physician had requested an updated MRI of the lumbar spine prior to the removal procedure. According to the progress note of April 28, 2013, the quinine for calf cramps and glucosamine being taken for anti-inflammatory medication were not authorized by worker's compensation. The progress noted provided for review state the injured worker was receiving benefits from the quinine, however, the progress notes state the injured worker was still having occasional right leg cramps. The glucosamine/chondroitin, the injured workers benefits from this medication were not clear. The injured worker was receiving 50% relief from pain from the Norco according to the progress notes submitted for review. On November 6, 2014, the UR denied authorization for quinine and glucosamine/chondroitin. According to general recommendation the use of quinine should be avoided due to associated serious side effects. According to the glucosamine/chondroitin guidelines, glucosamine/chondroitin was not recommended for chronic lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinine 324mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katzberg HD, Khan AH, So YT. Assessment: symptomatic treatment for muscle cramps (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology, Neurology. 2010 Feb

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet research - MediinePlus Drug Information, accessed 1/30/15.

Decision rationale: The requested Quinine 324mg is not medically necessary. CA MTUS and ODG are silent on this issue and internet research recommends this supplement only with extreme disability and exhaustion of all other treatment modalities. The injured worker has leg cramps and low back pain. The treating physician has not documented extreme disability and exhaustion of all other treatment modalities. The criteria noted above not having been met, Quinine 324mg is not medically necessary.

Glucosamine/Chondroitin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The requested Glucosamine/Chondroitin 500mg is not medically necessary. Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), Page 50 only recommend this supplement for knee osteoarthritis but not for disorders of the spine. The injured worker has leg cramps and low back pain. The treating physician has not documented knee osteoarthritis or the medical necessity for this supplement as an outlier to referenced guideline recommendations. The criteria noted above not having been met, Glucosamine/Chondroitin 500mg is not medically necessary.