

Case Number:	CM15-0002593		
Date Assigned:	01/13/2015	Date of Injury:	01/23/2003
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 59 year old female who sustained an industrial injury on 1/23/2003. She has reported low back pain, left knee sprain and left foot pain. The diagnoses have included left sciatica, left foot sprain with tendinitis in the peroneus brevis, diabetes mellitus, hypertension and acid reflux. Treatment to date has included medication management. All utilized treatment modalities were not included for review. Currently, the Injured Worker complains of increasing lumbar pain. The plan of care included orthopedic consultation (previously approved) pain management consultation, Prilosec 20 mg twice daily #60, Norco 10/325 mg every 6-8 hours as needed #60, Chondrolite 500/200/150 mg 1/3 times daily with meals #90 and Cyclobenzaprine 7.5 mg twice daily #60. On 12/12/2014, Utilization Review certified a pain management consultation, Prilosec 20 mg twice daily #60 and Norco 10/325 mg every 6-8 hours as needed #60. The Utilization Review non-certified Chondrolite 500/200/150 mg 1-3 times daily with meals #90, Cyclobenzaprine 7.5 mg twice daily #60, noting the lack of an osteoarthritis diagnosis and lack of medical necessity. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg Qty 90 ; one tab 1-3 times a day preferably with meals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

Decision rationale: Condrolite is a supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM 150mg. As per MTUS Chronic Pain Medical Treatment guideline, glucosamine has some evidence for arthritic knee pain. Studies has shown minimal to mild benefit for arthritic knee pain with minimal risks. There is no evidence to support its use in shoulder, elbow or spinal arthritis. The patient does not have reports indicating knee arthritis. The patient does have a knee exam that does show signs of potential arthritis but the provider has not diagnosed the knee with that problem or noted any imaging to support that diagnosis. Patient has had multiple lower extremity trauma as per progress notes and other causes for pain. Patient has been on this product for at least 1 year. The note from the provider also did not mention what this medication was being used for except for Joint nutrition. "Joint nutrition" is no a valid use for glucosamine as per MTUS guidelines. There is no evidence to support its use in this patient. It is not medically recommended.

Cyclobenzaprine 7.5mg; one BID Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been chronically on this medication for at least 1year. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.