

Case Number:	CM15-0147933		
Date Assigned:	08/11/2015	Date of Injury:	06/26/1997
Decision Date:	09/24/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male, with a reported date of injury of 06-26-1997. The mechanism of injury was the result of cradling a phone to the left side of his head and working extra-long hours on the computer at a station with poor ergonomics. The injured worker's symptoms at the time of the injury included left shoulder pain and neck pain. The diagnoses include neck pain, cervical facet syndrome, cervical disc displacement without myelopathy, and chronic pain syndrome. Treatments and evaluation to date have included cervical radiofrequency ablation, which provided about 50% pain relief on the left side of the neck; acupuncture, which consistently reduced his pain by 40%; oral medications; and topical pain medications. The diagnostic studies to date have not been included in the medical records. The visit note dated 04-17-2015 indicates that the injured worker had chronic neck pain. It was noted that the injured worker benefitted from the use of Diclofenac ointment and Glucosamine, which he reported reduced neck pain and improved function for work, rest, and recreational activities. The objective findings include normal muscle tone in the bilateral upper extremities, and decreased cervical spine range of motion. The treatment plan included Glucosamine Sulphate (Synovacin) 500mg #90, one tablet every eight hours with five refills and Diclofenac Sodium 1.5% 60 grams, apply small amount to affected area twice a day. The injured worker's status was permanent and stationary with work restrictions. The treating physician requested Glucosamine Sulphate 500mg #90 with five refills and Diclofenac Sodium 1.5% 60 grams (date of service: 04-17-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Glucosamine Sulphate 500mg #90 x 5 refills (date of service: 04/17/2015): Upheld

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

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

Decision rationale: The patient presents on 04/17/15 with unrated neck pain. The patient's date of injury is 06/26/97. Patient has no documented surgical history directed at this complaint. The request is for RETROSPECTIVE REQUEST FOR GLUCOSAMINE SULPHATE 500MG #90 X5 REFILLS (DATE OF SERVICE: 04/17/15). The RFA was not provided. Physical examination dated 04/17/15 reveals decreased range of motion in the cervical spine. The remaining findings are unremarkable. The patient is currently prescribed Capsaicin cream, Celexa, Topical Diclofenac, and Relafen. Diagnostic imaging was not included. Per 04/17/15 progress note, this patient is classified as permanent and stationary. MTUS Guidelines, Glucosamine (and Chondroitin Sulfate) section, page 50 has the following: Recommended 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 (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). In regard to the request for the Glucosamine, such medications are not indicated for this patient. This patient presents with cervical spine pain secondary to poor ergonomics/posture, not an osteoarthritis complaint amenable to Glucosamine. The requesting physician included a lengthy appeal letter addressing this patient's denied medications, reiterating this patient's cervical radicular pain complaints and noting that the patient reports improvement through the use of this supplement. MTUS guidelines provide for support of this medication in patient's with osteoarthritis, especially knee osteoarthritis, though there is no indication that this patient presents with such complaints. Without evidence of an existing peripheral joint complaint for which this medication is indicated, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

Retrospective request for Diclofenac Sodium 1.5% 60gm (date of service: 04/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents on 04/17/15 with unrated neck pain. The patient's date of injury is 06/26/97. Patient has no documented surgical history directed at this complaint. The request is for RETROSPECTIVE REQUEST FOR DICLOFENAC SODIUM 1.5% 60GM (DATE OF SERVICE 04/17/15). The RFA was not provided. Physical examination dated 04/17/15 reveals decreased range of motion in the cervical spine. The remaining findings are unremarkable. The patient is currently prescribed Capsaicin cream, Celexa, Topical Diclofenac, and Relafen. Diagnostic imaging was not included. Per 04/17/15 progress note, this patient is classified as permanent and stationary. MTUS Topical Analgesics section, pg 111-113 under Non-steroidal anti-inflammatory agents (NSAIDs) states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration... The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In regard to the request for the topical Diclofenac, such medications are not indicated for this patient's chief complaint. This patient presents with cervical spine pain secondary to poor ergonomics/posture, not an osteoarthritis complaint amenable to topical NSAIDs. The requesting physician included a lengthy appeal letter addressing this patient's denied medications, reiterating this patient's cervical radicular pain complaints and noting that the patient reports improvement through the use of this topical cream. MTUS guidelines provide for support of this medication in patient's with peripheral joint complaints, though there is no indication that this patient presents with such complaints. Without evidence of an existing peripheral joint complaint for which topical NSAIDs are indicated, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.