

Case Number:	CM15-0194653		
Date Assigned:	10/08/2015	Date of Injury:	12/10/2004
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on 12-10-04. The injured worker has complaints of low back and right lower extremity pain. The documentation noted on 7-17-15 the injured worker pain is at a constant 8 to 9 out of 10. There is saps mint he paralumbar musculature radiating to the right sacroiliac joint with tenderness. Forward flexion is 10 degrees with pain and facial grimace. Extension is 5 degrees and lateral bending is 5 degrees to the right and 10 degrees to the left. There is decreased L5-S1 (sacroiliac) sensation on the right lower extremity. Straight leg raise test is positive at 50 degrees on the right and 60 degrees on the left. The diagnoses have included multilevel lumbar spine discopathy with spondylolisthesis. Treatment to date has included Norco; Ultracet and Prilosec; intramuscular injection of Toradol; Hydrocodone; Cidaflex and topical cream. Lumbar spine magnetic resonance imaging (MRI) on 2-17-09 revealed posterior annular tears at L3-4 and L4-5. The original utilization review (9-4-15) non-certified the request for Cidaflex #90 one by mouth three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex #90 one by mouth three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: Cidaflex contains Glucosamine. According to the guidelines, low dose of Glucosamine can be provided for those with knee arthritis. In this case, the claimant had low back pain. There was no mention of arthritis. The claimant was also on other analgesics. The use of Cidaflex is not medically necessary for the claimant's diagnoses.