

Case Number:	CM15-0205395		
Date Assigned:	10/22/2015	Date of Injury:	01/21/1988
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial-work injury on 1-21-88. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar spine syndrome with antalgic gait, chronic dependence on narcotic pain medications, and chronic insomnia due to pain. Treatment to date has included pain medication, Methadone, Roxicodone and Prevacid since at least 2-6-14, Glucosamine Chondroitin since at least 6-23-15, activity modifications diagnostics and other modalities. Medical records dated (1-13-15 to 9-8-15) indicate that the injured worker complains of ongoing complaints of pain in the neck which is worse, shoulders, left arm, right knee and back. The pain is rated 6-7 out of 10 on the pain scale. He rates the pain 5-6 out of 10 with use of medications. The medical record dated 9-8-15 the injured worker rates the pain 8 out of 10 on the pain scale with numbness and weakness. He states that the pain is severe and he feels he is worse. He rates the quality of life at present 7 out of 10. He reports that the pain is worse with stress, prolonged sitting and standing and walking. He is only able to do some exercises as they are limited due to poor pain control. The physical exam dated 9-8-15 reveals that he has weakness and headaches. He appears to be stiffer with transfers and has to use a single point cane. He has ongoing antalgic gait. The physician notes that he has tried Methadone and it made him sick. He has used Norco in the recent past and previously. He has done the best on Roxicodone. The requested services included Glucosamine Chondroitin, Prevacid 30mg, and Roxicodone. The original Utilization review dated 9-30-15 non-certified the request for Glucosamine Chondroitin, Prevacid 30mg, and Roxicodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine Chondroitin: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Glucosamine (and Chondroitin sulfate).

Decision rationale: The claimant has a remote history of a work injury in January 1988 when he had sharp low back pain while pulling an iron cage used with forms. He continues to be treated for low back, left arm, right knee, and bilateral shoulder pain. When seen, medications had been denied and his pain had increased from 5-6/10 to 8/10. He was having difficulty sleeping due to pain and was limited in his ability to exercise. There had been side effects when taking methadone. Roxicodone had previously worked the best for him. He appeared stiff and had an antalgic gait and was using a cane. Roxicodone, Prevacid, and glucosamine with Chondroitin was requested. Other than for Prevacid 30 mg no doses were provided and no quantity was provided for any medication. Glucosamine sulfate without Chondroitin sulfate is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the claimant does not have a diagnosis of osteoarthritis and Chondroitin is a component of the medication at issue. The request is not considered medically necessary.

Prevacid 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Pain Procedure Summary Online Version last updated 09/08/2015, Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant has a remote history of a work injury in January 1988 when he had sharp low back pain while pulling an iron cage used with forms. He continues to be treated for low back, left arm, right knee, and bilateral shoulder pain. When seen, medications had been denied and his pain had increased from 5-6/10 to 8/10. He was having difficulty sleeping due to pain and was limited in his ability to exercise. There had been side effects when taking methadone. Roxicodone had previously worked the best for him. He appeared stiff and had an antalgic gait and was using a cane. Roxicodone, Prevacid, and glucosamine with Chondroitin was requested. Other than for Prevacid 30 mg no doses were provided and no quantity was provided for any medication. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prevacid (lansoprazole) is not considered medically necessary.

Roxicodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in January 1988 when he had sharp low back pain while pulling an iron cage used with forms. He continues to be treated for low back, left arm, right knee, and bilateral shoulder pain. When seen, medications had been denied and his pain had increased from 5-6/10 to 8/10. He was having difficulty sleeping due to pain and was limited in his ability to exercise. There had been side effects when taking methadone. Roxycodone had previously worked the best for him. He appeared stiff and had an antalgic gait and was using a cane. Roxycodone, Prevacid, and glucosamine with Chondroitin was requested. Other than for Prevacid 30 mg no doses were provided and no quantity was provided for any medication. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is unknown since neither the strength nor quantity was specified. For this reason, the request cannot be accepted as being medically necessary.