

Case Number:	CM15-0215974		
Date Assigned:	11/05/2015	Date of Injury:	09/09/2014
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 49 year old male who sustained an industrial injury on 9-9-2014. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain, lumbar sprain, lumbar radiculitis and lumbar spine degenerative disc disease. According to the progress report dated 10-5-2015, the injured worker complained of back pain rated 7-8 out of 10. He reported that lumbar epidural injections helped one month at the most. The injured worker was to return to modified work duties on 10-5-2015. Objective findings (10-5-2015) revealed tenderness at the thoracic and lumbar paravertebrals, mostly on the left side. Straight leg raise test was positive on the right side. Treatment has included lumbar epidural injections, home exercise program and medications. Prescribed medications (10-5-2105) included Neurontin, Tramadol, Exoten-C lotion and Miseflex-C (since at least 8-2015). The original Utilization Review (UR) (10-7-2015) denied a request for Miseflex-C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miseflex-C #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation (<http://www.ncbi.nlm.nih.gov/pubmed/17507729>);

(<http://www.ncbi.nlm.nih.gov/pubmed/10727669>);
(<http://www.ncbi.nlm.nih.gov/pubmed/26392712>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Chondroitin sulfate.

Decision rationale: Miseflex-C is a Medical Nutritional Supplement consisting of a combination of calcium, magnesium, chondroitin, bromelain and a proprietary blend consisting of valerian, passiflora, and ginkgo biloba extract. MTUS and ODG state for glucosamine chondroitin sulfate: "Recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The employee does not have osteoarthritis. Therefore, the request is not medically necessary.