

Case Number:	CM15-0036853		
Date Assigned:	03/05/2015	Date of Injury:	04/03/2007
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 4/3/07. On 2/26/15, the injured worker submitted an application for IMR for review of Norco 10/325mg, #40, and Cidaflex 400mg, #90. The treating provider has reported the injured worker complained of right sided neck pain radiating to right shoulder. The diagnoses have included cervical sprain; lumbar sprain; cervical disc protrusion; insomnia and depression. Treatment to date has included chiropractic care; physical therapy; TENS unit; medication. Diagnostics included MRI cervical spine (7/5/07); MRI lumbar spine (8/16/07); right shoulder MRI (no date); EMG/NCS (5/12/09). On 1/29/15 Utilization Review non-certified Norco 10/325mg, #40, and Cidaflex 400mg, #90. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 91; 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #40 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are postsurgical right shoulder pain; rotator cuff syndrome; right-sided rib 4 - 12 sprain/strain; Sternum sprain/strain; and myalgia/myofasciitis. The medical record contains 37 pages. There are two progress notes in the medical record. One progress notice dated January 2013 and a second progress note was dated June 2013. There are no 2014 progress notes and no 2015 progress notes. There are no start dates in the medical record and no documentation with a risk assessment, detailed pain assessment (with ongoing opiate use) and no evidence of objective functional improvement with the continued use of Norco. Consequently, absent clinical documentation for the objective functional improvement, risk assessment and detailed pain assessments, Norco 10/325#40 is not medically necessary.

Cidaflex 400mg, #90: Upheld

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

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

Decision rationale: Pursuant to the official disability guidelines, Cidaflex 400 mg #90 is not medically necessary. Cidaflex is glucosamine/chondroitin (for knee arthritis). Cidaflex is recommended as an option given its low risk in patients with moderate knee pain. Several studies have demonstrated highly significant efficacy of glucosamine on all outcomes. Other studies are not as promising. In this case, the injured worker's working diagnoses are postsurgical right shoulder pain; rotator cuff syndrome; right-sided rib 4 - 12 sprain/strain; Sternum sprain/strain; and myalgia/myofasciitis. The medical record contains 37 pages. There are two progress notes in the medical record. One progress notice was dated January 2013 and a second progress note was dated June 2013. There are no 2014 progress notes and no 2015 progress notes. Glucosamine and chondroitin sulfate are indicated for osteoarthritis. The documentation does not contain documentary evidence of osteoarthritis. There were no medications listed in the medical record. As a result, there is no start date or evidence of objective functional improvement. Consequently, absent clinical documentation with a clinical indication and rationale by the treating physician, Cidaflex 400 mg #90 is not medically necessary.

