

Case Number:	CM15-0052387		
Date Assigned:	03/25/2015	Date of Injury:	03/22/2006
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 64 year old female, who sustained an industrial injury on 3/22/2006. The medical records did not include details regarding the initial injury. The documentation indicated she is status post left hand/wrist surgery for osteoarthritis. Diagnoses include osteoarthritis of the right first carpometacarpal joint, possible De Quervain's tenosynovitis. The provider documented there was been no treatment for the right hand/wrist in the last previous year. Currently, she complained of right hand radial hand pain rated 10/10 with impact to radial aspect of the right wrist. On 1/26/15, the physical examination documented tenderness over the first CMC joint and a positive Finkelstein test. The plan of care included re-authorization for a consultation with an orthopedic specialist and refills for metaxalone and glucosamine/chondroitin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Muscle relaxants Page(s): 61, 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: MTUS writes recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. MTUS states regarding Skelaxin (metaxalone), recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. Medical records do not indicate the failure of first line treatments. This patient has been on this medication in excess of guideline recommendations. As such, the request for Metaxalone 7.5mg #30 is not medically necessary.

Glucosamine/Chondroitin 500mg/400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, medications, DMSO and Medical Food and Other Medical Treatment Guidelines <http://enovachem.us.com/portfolio/condrolite/>.

Decision rationale: The Chronic Pain Guidelines states regarding Glucosamine Sulfate, 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. Progress notes do not indicate knee osteoarthritis. MRI results do show that the patient has osteoarthritic changes at the humeroulnar and humeroradial joints, but progress notes do not attribute his elbow pain to arthritis but rather his elbow fracture. MSM contains DMSO. ODG states regarding DMSO, because long-term controlled studies have not been conducted, DMSO should be considered investigational and used only after other therapies have failed. (FDA, 2010). The treating physician has not provided evidence of trial and failures of first line agents. Additionally, this patient has not been diagnosed with osteoarthritis of the knee. As such, the request for Glucosamine/Chondroitin 500mg/400mg #90 is not medically necessary.