

Case Number:	CM15-0057721		
Date Assigned:	04/02/2015	Date of Injury:	04/03/2007
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 February 15, 2007. He reported neck pain with bilateral upper extremity pain and tingling and numbness in the right hand, shoulder pain and low back pain with radiating pain and tingling to bilateral lower extremities. The injured worker was diagnosed as having insomnia, depression, status post right shoulder surgery, cervical sprain, lumbar sprain and cervical disc protrusion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, conservative treatments including acupuncture and a TENS unit, medications and work restrictions. Currently, the injured worker complains of neck pain, upper extremity pain and tingling, shoulder pain and low back pain with lower extremity pain and tingling. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 5, 2015, revealed continued pain with tingling in the upper and lower extremities. The plan was to continue a home exercise plan, acupuncture and medications. A request for medication was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex 400 mg #90 quantity 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has continued complaints of neck, low back and shoulder pain, along with upper and lower extremity pain and tingling. The current request is for Cidaflex 400mg #90. Cidaflex is a supplement consisting of both Chondroitin and Glucosamine. MTUS does Recommend 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 (GH). There is nothing in the guidelines that indicates that Cidaflex is beneficial for spine related conditions. In this case, the clinical presentation does not involve OA of the knee and the documentation does not establish medical necessity. As such, recommendation is for denial.