

Case Number:	CM14-0000293		
Date Assigned:	01/10/2014	Date of Injury:	11/05/2011
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old who reported an injury on November 5, 2011 after falling off of a truck. The injured worker reportedly sustained an injury to his neck, head, left shoulder, and back. The injured worker's treatment history included a TENS (transcutaneous electrical nerve stimulation) unit, a home exercise program, physical therapy, chiropractic care, multiple medications, and surgical intervention. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on November 6, 2013. It was documented that the injured worker's medications included tramadol 150 mg, Flexeril 7.5 mg, omeprazole 20 mg, Flurbiprofen, Gabacyclotram, Terocin lotion, Laxacin, and Somnicin. It was documented that the injured worker's pain was well controlled with medications. Physical findings included lumbosacral pain rated at 5/10 with restricted range of motion of the cervical and lumbar spine. The injured worker's diagnoses included cervical sprain/strain. The request was made for continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHONDROITIN SULFATE/GLUCOSAMINE HCL (CIDAFLEX) 400/500 MG, NINETY COUNT: 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 Guidelines Glucosamine (And Chondroitin Sulfate), Page(s): 50.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of this medication for osteoarthritic related pain. The clinical documentation submitted for review does indicate that the injured worker has pain complaints of the cervical spine rated at 5/10. However, there is no documentation that the injured worker's pain complaints are related to osteoarthritis. The clinical documentation does not reflect that this medication is part of the injured worker's most recent medication history. There is no justification provided to initiate treatment with this medication and it would not be indicated at this time. As such, the requested chondroitin sulfate/glucosamine HCL (Cidaflex) 400/500 mg #90 is not medically necessary or appropriate. Also, the request as it is submitted does not clearly identify a frequency of treatment. The request for chondroitin sulfate/glucosamine hcl (Cidaflex) 400/500 mg, ninety count, is not medically necessary or appropriate.

RELAFEN (NABUMETONE) 500 MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen), Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as a first line medication in the management of chronic pain. However, the clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line nonsteroidal anti-inflammatory drugs such as ibuprofen or naproxen. The clinical documentation does not reflect that this medication is part of the injured worker's recent medication history. There is no justification to initiate the use of this medication and would not be indicated at this time. As such, the requested Relafen (nabumetone) 500 mg #60 is not medically necessary or appropriate. Also, the request as it is submitted does not clearly identify a frequency of treatment. The request for Relafen (Nabumetone) 500 mg, sixty count, is not medically necessary or appropriate.

NAPROXEN (NAPROSYN) 550 MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Section Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain And NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 60,67.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as a first line medication in the management of

chronic pain. However, the California Medical Treatment Utilization Schedule does recommend the ongoing use of medications in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. In the absence of a quantitative assessment to establish pain relief or documentation of functional benefit, continued use would not be supported. As such, the requested naproxen (Naprosyn) 550 mg #60 is not medically necessary or appropriate. Also, the request as it is submitted does not clearly identify a frequency of treatment. The request for Naproxen (Naprosyn) 550 mg, sixty count, is not medically necessary or appropriate.

DICLOFENAC (VOLTAREN) 100MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren Xr) Section Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of nonsteroidal anti-inflammatory drugs as topical analgesics when there is documentation that the injured worker has failed to respond to oral formulations of nonsteroidal anti-inflammatory drugs or when oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of this medication. Additionally, California Medical Treatment Utilization Schedule recommends that if it is determined that this type of medication is appropriate for the patients, its use should be limited to short durations of treatment not to exceed 4 weeks. The clinical documentation does indicate that the injured worker has been using various topical creams for an extended duration of time. As there is no justification for the use of this medication, the appropriateness of this medication cannot be determined. As such, the requested diclofenac (Voltaren) 100 mg #60 is not medically necessary or appropriate. The request for Diclofenac (Voltaren) 100mg, sixty count, is not medically necessary or appropriate.