

Case Number:	CM14-0145623		
Date Assigned:	09/12/2014	Date of Injury:	01/30/2004
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 01/30/2004. The mechanism of injury was not clearly indicated in the clinical notes. The injured worker's diagnoses included lumbosacral spondylosis without myelopathy. The injured worker's past treatments included a home exercise program, medications, and psychotherapy sessions. His diagnostic studies included a magnetic resonance imaging of the lumbar spine on 07/16/2013 and an electromyography/nerve conduction velocity. His surgical history was not clearly indicated in the clinical notes. On 07/21/2014, the injured worker complained of severe low back pain with mild radicular complaints. The physical exam revealed tenderness over the trapezius area with guarding. It was also noted that the neurological assessment was unchanged. His medications included Norco 10/325 mg and Condrolite 500/200/150 mg. The treatment plan encompassed the continuation of Norco 10/325 mg and Condrolite 500/200/150 mg. The treatment plan also consisted of a surgery and the use of Norco and Condrolite. A request was received for Condrolite 500/200/150 mg #180 and Norco 10/325 mg #240 dispensed on 07/21/2014. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150 mg #180 dispensed on 7/21/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Towheed TE, Maxwell L, Anastassiades TP, Shea B, Houpt J, Robinson V, et al "glucosamine therapy for treating osteoarthritis" Cochrane Database syst Rev. 2005; (2):CD002946.

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

Decision rationale: The request for Condrolite 500/200/150 mg #180 dispensed on 07/21/2014 is not medically necessary. The California MTUS Guidelines recommend the use of Glucosamine and Chondroitin sulfate as an option for patients with moderate arthritis pain, especially of the knee. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. Glucosamine hydrochloride and Chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. The medical records provided indicate the injured worker had a diagnosis of lumbosacral spondylosis without myelopathy. There is no indication as to the efficacy of the medication. The rationale for the request was not provided. In addition, the submitted request does not specify a frequency. Based on this information, the request is not supported. Thus, the request for Condrolite 500/200/150 mg #180 dispensed on 07/21/14 is not medically necessary.

Norco 10/325mg, #240 dispensed on 7/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Page(s): 74-78.

Decision rationale: The request for Norco 10/325 mg #240 dispensed on 07/21/2014 is not medically necessary. The California Guidelines recommend the continued use of opioids be based on measurable data that clearly indicates that the injured worker is receiving adequate pain relief. Additionally, the documentation must include the 4 domains for ongoing monitoring of chronic pain injured workers on opioids. The domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. Based on the clinical notes, the injured worker had complaints of moderate to severe pain to his lower/mid back. However, these reports of pain were not documented by quantitative measures. There is a lack of documentation indicating significant pain relief. Also, the clinical notes did not clearly indicate that the Norco 10/325 mg provided increased functionality. Moreover, the clinical notes failed to indicate the duration that Norco has been in use by the injured worker. Therefore, due to lack of documentation showing quantitative evidence the injured worker had decreased pain, increased level of function, or improved quality of life, the request is not supported. Thus, the request for Norco 10/325, #240 dispensed on 07/21/2014 is not medically necessary.

