

Case Number:	CM14-0180886		
Date Assigned:	11/04/2014	Date of Injury:	04/02/1991
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This patient sustained an injury on 4/2/1991 while employed by [REDACTED]. Request(s) under consideration include Retrospective Glucosamine Chondroitin 2 mg and Retrospective Theramine 2 mg. Diagnoses include Thoracic/Lumbosacral neuritis/ radiculitis; chronic pain syndrome; and unspecified RSD. The patient has been declared P&S by QME in 1995 and 1996 and remains permanently disabled. Report of 11/9/12 from the provider noted the patient with chronic ongoing left shoulder/arm, right hand and low back pain radiating to legs and feet associated with some numbness in the right 4th and 5th digits. Pain rated at 4/10 with and 9/10 without medications. Exam had only vital signs without any clinical exam documented. Treatment included medication refills and request for removal of intrathecal pain pump. Medications list Glucosamine, Cymbalta, Elavil, Lunesta, Baclofen, Anaprox, Lasix, Neurontin, and Medrox patch. UDS reports of 5/30/13 and 7/3/13 noted inconsistent findings of Amitriptyline/Nortriptyline and Cyclobenzaprine. Report of 6/20/13 from the provider noted unchanged symptoms with pain rated at 7-10/10 with and without medications. Objective findings only had documented vitals and BMI of 24. No other clinical findings noted. Treatment noted UDS, start Percura for dysesthesias, continued compounded creams, and "discontinue Theramine (The patient states that it made him a little loopy)." Report of 3/19/14 from the provider had unchanged symptom complaints; no neurological clinical findings/ deficits documented with treatment for continued medications. No other reports provided. The request(s) for Retrospective Glucosamine Chondroitin 2 mg and Retrospective Theramine 2 mg were non-certified on 10/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Glucosamine chondroitin (3/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50-51.

Decision rationale: This patient sustained an injury on 4/2/1991 while employed by [REDACTED]. Request(s) under consideration include Retrospective Glucosamine Chondroitin 2 mg and Retrospective Theramine 2 mg. Diagnoses include Thoracic/ Lumbosacral neuritis/ radiculitis; chronic pain syndrome; and unspecified RSD. The patient has been declared P&S (permanent and stationary) by QME in 1995 and 1996 and remains permanently disabled. Report of 11/9/12 from the provider noted the patient with chronic ongoing left shoulder/arm, right hand and low back pain radiating to legs and feet associated with some numbness in the right 4th and 5th digits. Pain rated at 4/10 with and 9/10 without medications. Exam had only vital signs without any clinical exam documented. Treatment included medication refills and request for removal of intrathecal pain pump. Medications list Glucosamine, Cymbalta, Elavil, Lunesta, Baclofen, Anaprox, Lasix, Neurontin, and Medrox patch. UDS reports of 5/30/13 and 7/3/13 noted inconsistent findings of Amitriptyline/Nortriptyline and Cyclobenzaprine. Report of 6/20/13 from the provider noted unchanged symptoms with pain rated at 7-10/10 with and without medications. Objective findings only had documented vitals and BMI of 24. No other clinical findings noted. Treatment noted UDS, start Percura for dysesthesias, continued compounded creams, and "discontinue Theramine (The patient states that it made him a little loopy)." Report of 3/19/14 from the provider had unchanged symptom complaints; no neurological clinical findings/ deficits documented with treatment for continued medications. No other reports provided. The request(s) for Retrospective Glucosamine Chondroitin 2 mg and Retrospective Theramine 2 mg were non-certified on 10/2/14. Glucosamine is listed as a nutritional supplement that are naturally occurring substance formed of sugar chains believed to help maintain joint cartilage and fluid in patients with osteoarthritis for better movement and flexibility. Guidelines do support its use as an option given its low risk in patients with moderate arthritis pain for knee osteoarthritis; however, there is no diagnostic or clinical findings mentioned for OA (osteoarthritis) nor was there any impression of OA submitted reports. Medical necessity for this supplement has not been established. Retrospective Glucosamine Chondroitin is not medically necessary and appropriate.

Retrospective Theramine (3/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

Decision rationale: This patient sustained an injury on 4/2/1991 while employed by [REDACTED]. Request(s) under consideration include Retrospective Glucosamine Chondroitin 2 mg and Retrospective Theramine 2 mg. Diagnoses include Thoracic/ Lumbosacral neuritis/ radiculitis; chronic pain syndrome; and unspecified RSD. The patient has been declared P&S by QME in 1995 and 1996 and remains permanently disabled. Report of 11/9/12 from the provider noted the patient with chronic ongoing left shoulder/arm, right hand and low back pain radiating to legs and feet associated with some numbness in the right 4th and 5th digits. Pain rated at 4/10 with and 9/10 without medications. Exam had only vital signs without any clinical exam documented. Treatment included medication refills and request for removal of intrathecal pain pump. Medications list Glucosamine, Cymbalta, Elavil, Lunesta, Baclofen, Anaprox, Lasix, Neurontin, and Medrox patch. UDS reports of 5/30/13 and 7/3/13 noted inconsistent findings of Amitriptyline/Nortriptyline and Cyclobenzaprine. Report of 6/20/13 from the provider noted unchanged symptoms with pain rated at 7-10/10 with and without medications. Objective findings only had documented vitals and BMI of 24. No other clinical findings noted. Treatment noted UDS, start Percura for dysesthesias, continued compounded creams, and "discontinue Theramine (The patient states that it made him a little loopy)." Report of 3/19/14 from the provider had unchanged symptom complaints; no neurological clinical findings/ deficits documented with treatment for continued medications. No other reports provided. The request(s) for Retrospective Glucosamine Chondroitin 2 mg and Retrospective Theramine 2 mg were non-certified on 10/2/14. Theramine is classified as medical food containing products that are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The provider has not documented any nutritional deficiency or medical conditions that would require nutritional supplementation as it relates to this patient's chronic 1991 musculoskeletal injuries especially when it was discontinued in June 2013 by the provider due to side effects expressed by the patient. The Retrospective Theramine is not medically necessary and appropriate.