

<b>Case Number:</b>	CM14-0211944		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/03/2007
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

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

### 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 42 year old male who sustained an industrial injury on 04/03/2007. Diagnoses include status post right shoulder surgery, cervical sprain, lumbar sprain, cervical disc protrusion, insomnia, depression, rule out CRPS right side, and insomnia. Treatment to date has included diagnostic studies, medications, home exercise program, and use of Transcutaneous Electrical Nerve Stimulation unit. A physician progress note dated 10/22/2014 documents the injured worker continues to have pain in the right shoulder, right side of the neck, and lumbar spine pain. He rates his pain as a 7-8 on a scale of 0-10. His right shoulder; right arm has continued extreme numbness, tingling as well as discoloration and blue color the hand as well as the shakiness and swelling. The injured worker states that with medications pain will go down to about 5, but activities are still extremely difficult. Cervical range of motion is restricted, and painful. Right shoulder range of motion can hardly get to 90-100 degrees but after that painful. He has weakness of the right upper extremity in gripping and grasping as compared to the left. His right hand has swelling, is hypersensitive and is cold compared to the left side. The right hand is discolored and hypersensitive. He has tenderness in the lumbar area and tenderness on the lateral side of the rib cage at the area of T6, T7, T8, and T9 level. The treatment plan is for refilling the following medications; Soma, Norco, Glucosamine/Chondroitin, and Amitriptyline. Treatment requested is for Cidaflex 500mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cidaflex 500mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

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

**Decision rationale:** Cidaflex is a combination of glucosamine and chondroitin. Regarding the request for Glucosamine/Chondroitin the Chronic Pain Medical Treatment Guidelines state that glucosamine and chondroitin are recommended as an option in patients with moderate arthritis pain especially for knee osteoarthritis. Within the documentation available for review, there are no recent subjective complaints of moderate knee arthritis pain. Additionally, there are no radiographic or physical examination findings supporting a diagnosis of arthritis. Osteoarthritis is not listed in the assessed diagnoses in a progress note from 10/22/14 in which glucosamine/chondroitin is requested. As such, the current request is not medically necessary.