

Case Number:	CM14-0060100		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2013
Decision Date:	02/25/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/30/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 15, 2013. In a Utilization Review Report dated April 10, 2014, the claims administrator denied requests for Flexeril and Condrolite (glucosamine). The claims administrator referenced a progress note dated March 17, 2014. The applicant's attorney subsequently appealed. On March 17, 2014, the applicant reported ongoing complaints of mid and low back pain. The applicant was given diagnoses of thoracic and lumbar radiculopathy. Condrolite, cyclobenzaprine, Norco, Flexeril, Ambien, and several topical compounds were endorsed. The applicant's work status was not furnished. In an earlier note dated November 14, 2013, the applicant was again placed off of work, on total temporary disability. At that point, it was acknowledged that the applicant had alleged pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. The applicant received various interventional spine procedures, including epidural steroid injections and medial branch blocks, at various points, throughout 2014. On January 20, 2014, Cartivisc (glucosamine), Naprosyn, Norco, Ambien, Flexeril, and several topical compounded medications were again dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine HCL 7.5mg #60 03.17.2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco, Ambien, topical compounds, etc. Addition of cyclobenzaprine to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Retro Condrolite 500/200/150mg #90 03.17.2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain

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

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine (Condrolite) is indicated in the treatment of pain associated with arthritis and, in particular, with that associated with knee arthritis, in this case, however, the documentation on file established a diagnosis of thoracic and lumbar radiculopathy. There was no mention of issues associated with arthritis and/or knee arthritis for which ongoing usage of Condrolite (glucosamine) would have been indicated. Therefore, the request was not medically necessary.