MAXIMUS Federal Services

Case Number:	CM15-0012510		
Date Assigned:	01/30/2015	Date of Injury:	05/25/2010
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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

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 69-year-old female who reported an injury on 05/25/2010. Her mechanism of injury was no included. Her diagnoses included left shoulder arthroscopic rotator cuff repair, lumbar sprain/strain syndrome, L5-S1 discopathy, bilateral shoulder tendinopathy. Her medications included Cidaflex, Prilosec, and naproxen. The progress report dated 12/12/2014 documented the injured worker had a complaint of increasing low back pain due to the change of weather. She stated her shoulder was mild to moderate with pain. On physical exam, there was no noted erythema, swelling, or ecchymosis. Tenderness to the acromioclavicular joint was noted and spasm and tightness to the trapezius muscle. Range of motion was recorded in abduction at 160 degrees bilaterally, adduction 40 degrees bilaterally, extension 40 degrees bilaterally, internal and external rotation at 50 degrees bilaterally, and flexion at 160 degrees bilaterally. Crepitus on motion was present along with a positive impingement and Neer sign. Weakness on overhead reach and decreased grip strength were also noted. Muscle strength to the biceps, triceps, and brachioradialis was noted at +2 bilaterally. The injured worker was noted to have a positive sciatic stretch, pedal pulses are intact. Hip and knee range of motion are symmetrical and intact. A urine drug screen was obtained. The treatment plan included physical therapy request for 2 times a week for 4 weeks. Medication refills were given for Cidaflex, Prilosec, and Naprosyn. The injured worker is on work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex: 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.

Decision rationale: The request for Cidaflex is not medically necessary. The California MTUS guidelines recommend Chondroitin as an option given its low risk, in injured workers with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In a recent meta-analysis, the authors found that the apparent benefits of CIDAFLEX were largely confined to studies of poor methodological quality, such as those with small injured worker numbers or ones with unclear concealment of allocation. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Glucosamine is not recommended for low back pain. Guidelines state that glucosamine is not significantly different form placebo for reducing pain-related disability or improving health-related quality of like in injured workers with chronic low back pain and degenerative lumbar osteoarthritis. There is a lack of documentation regarding osteoarthritis of the knee. Although the guidelines recommend chondroitin as an option, Cidaflex is not recommended for low back pain and there is a lack of documentation regarding osteoarthritis. Therefore, the request for Cidaflex is not medically necessary.

Retrospective urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The request for Retrospective urinalysis is not medically necessary. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. When to perform confirmation: When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. There is a lack of documentation regarding aberrant drug behavior or discrepancy with CURES review. As the

guidelines do not recommend a retrospective urinalysis but, rather, the dipstick test at point of collection, the request for retrospective urinalysis is not medically necessary.