

Case Number:	CM15-0116533		
Date Assigned:	06/24/2015	Date of Injury:	08/29/2011
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 52-year-old male, who sustained an industrial/work injury on 8/29/11. He reported initial complaints of neck and right knee pain. The injured worker was diagnosed as having cervical myoligamentous injury with right upper extremity radiculopathy, right carpal tunnel syndrome, s/p right shoulder arthroscopy, ulnar nerve entrapment on the right at the elbow and wrist, s/p right knee arthroscopy, and medication-induced gastritis. Treatment to date has included medication, surgery (knee and shoulder), cortisone injections, trigger point injections, diagnostic testing. MRI results were reported on 10/31/11, 12/17/12, and 1/23/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 7/30/12 and 4/5/13. X-Rays results were reported on 5/11/15 showing degenerative changes. Currently, the injured worker complains of right knee pain reported as 8/10 in intensity. There are also complaints of neck pain with headaches with radicular symptoms to the right upper extremity rated 8/10. Per the pain management report on 5/7/15, examination noted limited range of motion to the upper extremities and lumbar spine. The requested treatments include Glyburide 5 mg, Multivitamins, Voltaren gel 3%, and Cidaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glyburide 5 mg Qty 120, every day: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glyburide.

Decision rationale: The MTUS is silent on the use of Glyburide. Per the ODG guidelines Diabetes section Glyburide is not recommended as a first-line choice. The documentation submitted for review noted that the injured worker has had diabetes for the last 10 years, but it was under good control until his injury. Per progress report dated 1/26/15, it was noted that he was taking 2000mg of metformin a day only. After his injury, he was taking 3000mg of metformin and 30mg of Glyburide as his glucose was still not under control. I respectfully disagree with the UR physician's assertion that there was no documentation of first-line therapy. The request is medically necessary.

Multivitamins Qty 30, every day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Vitamin use (for stress reduction).

Decision rationale: The MTUS guidelines are silent on the use of multivitamins. Per the ODG guidelines, Mental Illness & Stress section with regard to Vitamin use (for stress reduction): Under study. Multi-vitamin and mineral supplements were been found to help reduce feelings of stress and anxiety in one clinical trial. More trials need to be conducted. As multivitamins are not recommended, the request is not medically necessary.

Voltaren gel 3%, Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The documentation submitted for review indicates that the injured worker

suffers from mild compressive ulnar neuropathy at the right elbow. With regard to medication history, the injured worker has been using this medication since 5/2015. I respectfully disagree with the UR physician, the request is indicated for the injured worker's elbow pain. The request is medically necessary.

Cidaflex Qty 90, 3 times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Cidaflex is chondroitin and glucosamine. Per MTUS CPMTG with regard to glucosamine and chondroitin sulfate: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The documentation submitted for review does not note any of the indications for this medication. There is no diagnosis of arthritis. As such, the request is not medically necessary.