

Case Number:	CM15-0163044		
Date Assigned:	10/20/2015	Date of Injury:	03/28/2014
Decision Date:	12/01/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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: Texas, Florida, 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 injured worker is a 54 (DOB: 11-26-1960) year old female, who sustained an industrial injury on 03-28-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for herniated cervical disc, bilateral tenosynovitis in the wrist with degenerative joint disease (osteoarthritis), and situational depression and anxiety. Medical records (04-16-2015 to 07-21-2015) indicate ongoing neck pain, face pain, arm pain, wrist pain and knee pain. Pain levels were rated 6-8 out of 10 in severity on a visual analog scale (VAS). There were also reports of mild constipation. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW may return to work with restrictions. The physical exam, dated 07-21-2015, revealed decreased grip strength in the left hand, full range of motion (ROM) in the cervical spine with mild tenderness to palpation over the paracervical muscles, negative testing for cervical radiculopathy, mild tenderness over the bilateral wrist upon compression of the carpal bones with normal ROM bilaterally, mild crepitus in both wrist, negative orthopedic testing, and improved mood since prior visit with good eye contact and appropriate affect. Relevant treatments have included: physical therapy (PT) and acupuncture with some reported benefit, chiropractic treatments, work restrictions, and pain medications (methocarbamol since at least 04-2015). The request for authorization (07-27- 2015) shows that the following medications were requested: methocarbamol-glucosamine 250- 100mg capsules #60, and constipation capsule 50-8.6-5 #60. The original utilization review (08- 04-2015) non-certified the request for methocarbamol-glucosamine 250-100mg capsules #60, and constipation capsule 50-8.6-5 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol, Glucosamine 250-100mg capsule with Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Glucosamine (and Chondroitin Sulfate).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) page 65 of 127 and page 50 of 127. This claimant was injured in 2014 and had a herniated cervical disc, bilateral tenosynovitis in the wrist with reported degenerative joint disease, situational depression and anxiety. There was ongoing neck, face, arm, wrist and knee pain. There was no mention of objective documentation of major joint osteoarthritis or constipation. The medicine is a combination of Methocarbamol and Glucosamine. Both medicines will be assessed in this analysis. Regarding the Methocarbamol (Robaxin, Relaxin) component, the MTUS recommends non-sedating muscle relaxants like this with caution as a second-line option only for short-term treatment of acute exacerbations in patients with chronic low back pain. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008). Use for the wrist is not noted. They note that muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. There is no benefit however beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Nor is there evidence of this being a second line usage. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. This portion of the request was appropriately non-certified under MTUS criteria. Regarding the Glucosamine component, the MTUS notes this medicine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007) A randomized, double blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. (Reginster, 2001). In this case, I did not find moderate major joint arthritis pain such as knee osteoarthritis. The request is not medically necessary.

Constipation capsule 50-8.6-5 capsule with Qty 60: 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 Physician Desk Reference, 2014 web edition, regarding Docusate, as an example.

Decision rationale: As shared, this claimant was injured in 2014 for herniated cervical disc, bilateral tenosynovitis in the wrist with reported degenerative joint disease, situational depression and anxiety. There was ongoing neck, face, arm, wrist and knee pain. There was no mention of objective findings of joint osteoarthritis or constipation. It is not clear what medicine makes up the Constipation medicine under review. Nor is there documentation of the actual condition of constipation. Considering as an example, Docusate, the Physician Desk Reference notes it is to soften stool and prevent constipation. However, there needs to be evidence of constipation, and therefore that the medicine was essential. Also, natural fiber and other sources of avoiding constipation were not tried and exhausted per the records. The request is not medically necessary.