

Case Number:	CM15-0097810		
Date Assigned:	05/28/2015	Date of Injury:	05/15/2003
Decision Date:	06/29/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male, who sustained an industrial injury on 5/15/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included an unspecified knee surgery and medications. Currently, the injured worker complains of low back pain, with radiation to the left leg, rated 6/10, and bilateral knee pain, left greater than right. Previous progress reports did not contain pain ratings. Exam of the knees noted tenderness to palpation at the medial joint line and reduced range of motion. Exam of the lumbar spine noted tenderness and decreased range of motion. The treatment plan included continuance of Cyclobenzaprine, Ibuprofen, and Condrolite. The use of these medications was noted since at least 8/2014. Urine drug screening was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #60, with 2 refills is not medically necessary.

Condrolite 500/200/150mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondrolin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine other than knee osteoarthritis. There is no clear evidence of knee osteoarthritis. Therefore, the request of Glucosamine is not medically necessary.