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| Case Number: | CM13-0003230 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/23/2005 |
| Decision Date: | 01/06/2014 | UR Denial Date: | 07/08/2013 |
| Priority: | Standard | Application Received: | 07/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old claimant who sustained a right knee injury on 8/23/2005. The claimant's mechanism of injury was documented as a slip and fall on a wet surface, landing on her right knee. The claimant's diagnosis was documented as right knee strain and right knee degenerative disease. The 11/16/2012 [REDACTED] office visit note referred to right knee x rays being completed over 3 months prior to this visit and an MRI of the right knee area over one year prior to this visit. There were no diagnostic reports provided for review. "The 5/21/2013 [REDACTED] office visit note stated that the claimant presented with a complaint of right knee pain. The claimant stated that her right knee problems have not yet plateaued and she reported night pain and swelling. The right knee physical examination revealed giving way, positive McMurray's sign, medial tenderness, weak right guard, and grade 2 effusion. Her weight was 407 pounds. She was 5 foot 9 inches tall. [REDACTED] plan was documented as right knee arthroscopy with debridement, Fluriflex, Tramadol, Ultram, Cartivisc, and Ibuprofen. The request is now for right knee arthroscopy, Fluriflex, Tramadol/Ultram and Cartivisc. [REDACTED] performed a peer review on 07/2013 and did not recommend the surgery due to no current imaging."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (current version), Knee Chapter, diagnostic arthroscopy section, Indications for surgery..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: It does not appear that there is any recent imaging of this individual's knee. No diagnostic reports were provided. It does appear that there are joint complaints which would not be at all surprising with this individual's body habitus. It is impossible to tell if there is degeneration or any other finding recently documented. The California MTUS Guidelines do not support arthroscopy in this case based on the information provided. Although there are complaints, there are no imaging studies to review to identify a surgical indication.

Fluriflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal anti-inflammatory agents, NSA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS guidelines note compounded topicals are rarely recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical contains Flurbiprofen as well as cyclobenzaprine; cyclobenzaprine is not supported in the peer reviewed literature for topical use.

Tramadol, Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009), Tramadol (Ultram), Opioids and On-Going Manage.

Decision rationale: The CA MTUS states, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Tramadol is indicated for moderate to severe pain. It is unclear from the records provided if this medication has been tried in the past and was efficacious. In the absence of clear documentation of the 4 A's, additional requests for Tramadol cannot be recommended as medically necessary.

Cartivisc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (current version), Pain Chapter, Glucosamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Glucosamine.

Decision rationale: The CA MTUS states, "Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets'. The medication in question contains glucosamine analogues, chondroitin analogues, and Methylsulfonylmethane (MSM). MSM is taken because some believe it helps support health ligaments. While glucosamine and chondroitin have not undergone extensive clinical testing, MSM has not undergone any significant test to support its use. The theory is that the sulfur in MSM helps the body maintain healthy, flexible ligaments. As there is no evidence to support one of the components of the requested Cartovisc, MSM, the request cannot be deemed as medically necessary.