

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0009075 | | |
| Date Assigned: | 03/24/2014 | Date of Injury: | 06/06/2001 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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/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:

The injured worker had an original date of injury of June 6, 2001. The injured worker has complaints of left shoulder pain and chronic low back pain. She is also noted to have rheumatoid arthritis and fibromyalgia.. Conservative care to date has included chiropractic visits, pain medications, gym membership, and self-directed home exercises. The disputed request is for Cartivisc, which is a preparation of glucosamine, chondroitin, and methylsulfonylmethane. A utilization review determination on July 31, 2013 denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC 500/200/150MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE Page(s): 50-51.

Decision rationale: Cartivisc is a preparation of glucosamine, chondroitin, and methylsulfonylmethane (MSM.) The MTUS Chronic Pain Guidelines on pages 50-51 state the following regarding glucosamine: "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)." The disputed supplement in this case is recommended for noncertification for 2 reasons. The first reason is that there is inadequate documentation of knee osteoarthritis in this injured worker. The diagnoses include cervical sprain, shoulder impingement, carpal tunnel syndrome, depression and anxiety, scoliosis, and lumbar discopathy. The primary evidence-based indication for glucosamine is for knee osteoarthritis. Secondly, the MSM component of this commercial preparation is not recommended in the MTUS Chronic Pain Guidelines. Therefore, this request is not medically necessary and appropriate.