

Case Number:	CM13-0018616		
Date Assigned:	10/11/2013	Date of Injury:	12/05/2003
Decision Date:	01/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/30/2013

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 Internal Medicine and is licensed to practice in Washington DC. 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:

The claimant was a 64 year old male who had work related injury on Dec 5, 2003 and continued to be disabled due to pain from back and shoulders. He had a past medical history of hypertension, status post disc replacement at L4-5, hyperlipidemia, history of atrial fibrillation and sleep apnea. He initially had neck pain, shoulder pain and low back pain which worsened in 2012. His evaluation included an MRI of lumbar spine, electrodiagnostic studies and x-rays. His treatment plan included conservative treatment including physical therapy, medications and exercising. He had to have posterior lumbar discectomy with bilateral neural foraminotomy and facetectomy in January 2013. Following this he continued to have physical therapy and medications. He saw the treating provider on July 12, 2013. At that time, he was noted to have ongoing low back pain. He was occasionally using medications for pain. Examination of the lumbar spine revealed tenderness, spasm and tightness in the paralumbar musculature. There was loss of motion and mildly positive straight leg raising test. Radiographs showed evidence of well placed hardware and maturing fusion. His diagnoses included multilevel cervical disc protrusions, bilateral shoulder impingement syndrome, multilevel lumbar discopathy, status post total disc replacement, L2-3 herniated nucleus pulposus and degenerative disc disease and status post L2-3 posterior lumbar interbody fusion. The treatment plan included physical therapy and Cartivisc 500/200/150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

A prescription of Cartivisc 500/200/150mg #90 for the right shoulder, cervical and lumbar spine: 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, CRPS Medications Page(s): 37 and 50.

Decision rationale: The MTUS guidelines for chronic pain treatment recommends glucosamine and chondroitin sulfate as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. DMSO or MSM cream has some evidence of efficacy in regional inflammatory reaction in CRPS. The records in this case document the employee had chronic pain due to lumbar disc disease. The use of glucosamine and chondroitin sulfate is consistent with the guidelines, but not the additional ingredient of MSM/DMSO. Guidelines also indicate that any compounded product that contains at least one drug or drug class that is not recommended is not recommended.