MAXIMUS Federal Services

Case Number:	CM13-0021316		
Date Assigned:	07/02/2014	Date of Injury:	06/17/2013
Decision Date:	07/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/08/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 6/18/13, involving his right knee after stepping out of a tractor, falling and landing on his right foot. He reported to his treating physician's assistant on that same day of injury that he had pain in his right knee. He was diagnosed with right knee strain, knee contusion, and knee pain and prescribed acetaminophen and physical therapy. He was also given crutches, a knee brace, and cold packs as well as restrictions for his activities using his right leg. He later was prescribed opioids and muscle relaxants. He was later seen by his orthopedic physician on 8/9/13 complaining of left elbow and continued right knee pain. He reported not getting much benefit from the physical therapy, but that the medications helped some. He was diagnosed with left elbow contusion and strain and right knee internal derangement/meniscal tear and was recommended surgery for his right knee as well as glucosamine/chondroitin/MSM supplementation and topical analgesics to treat his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPTIVES/ CARTIVISC 500/200/ 150MG #90 1 PO Q 8H QTY:1.00: Upheld

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

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

Decision rationale: Captives/Cartivisc is a supplement that includes glucosamine, chondroitin, and MSM, which are used for the treatment of chronic osteoarthritis. The MTUS Chronic Pain Guidelines state that it may be recommended for moderate arthritis pain where joint narrowing from degeneration is present, contributing to joint pain. Although controversy on the subject of efficacy related to symptomatic improvement still exists, it is low risk and may be trialed. In the case of this worker, there is no evidence to suggest that he has chronic osteoarthritis as he had an acute injury to his knee only, and therefore would not benefit from this supplement. Therefore Captives/Cartivisc is not medically necessary.

FLURFLEX 180GM (FLURBIPROFEN 15% CYCLOBENZAPRINE 10%) QTY: 1.00: Upheld

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

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

Decision rationale: The MTUS Chronic Guidelines state that combination topical alangesic medications are largely experimental as they have almost no quality studies. Specifically topical use of muscle relaxants such as cyclobenzaprine are not recommended for use as there is no evidence to evaluate its effectiveness or safety. As the product requested, Flurflex includes cyclobenzaprine, it is not medically necessary.

TGICE 180MG (TRAMADOL 8%, GABAPENTIN 10%, MENTHOL 2%/ CAMPHOR 2%) QTY: 1.00: 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 Topical Analgesics p. 111-113 Page(s): 113.

Decision rationale: The MTUS Chronic Guidelines state that combination topical alangesic medications are largely experimental as they have almost no quality studies. Specifically, topical gabapentin is not recommended as there are no peer-reviewed literature to support its use. As the TGICE combination medication requested included topical gabapentin, the entire medication is not medically necessary.