

Case Number:	CM13-0021734		
Date Assigned:	10/11/2013	Date of Injury:	10/08/2002
Decision Date:	01/31/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 Michigan, Nebraska, and Texas. 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 patient is a 57-year-old injured worker with a reported date of injury on 10/08/2002. The patient presented with lumbar spine pain, leg pain, pain radiation to both lower extremities of an aching quality, decreased sensation at the L4 and L5 dermatomes on the right and at the L4 dermatome on the left, a positive supine straight leg raise bilaterally at 70 degrees, moderate facet tenderness along the L4 through S1, and diffuse tenderness noted to palpation over the lumbar paraspinal muscles. The patient had diagnoses included status post lumbar laminectomy in 2006, lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, and status post right ankle fracture open reduction and internal fixation. The physician's treatment plan included request for Cartivisc and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cartivisc: Upheld

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

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

Decision rationale: The California MTUS guidelines note glucosamine is 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 sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, double blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulfate. It was noted Cartivisc was recommended for joint nutrition. The guidelines recommend the use of Cartivisc for patients with moderate arthritis pain, especially for knee osteoarthritis. Within the provided documentation, it did not indicate the patient had a diagnosis of knee osteoarthritis, in order to demonstrate the patient's need for the medication. The patient's presentation was predominantly back complaints. The retrospective request for Cartivisc is not medically necessary and appropriate.

Retrospective request for Tizanidine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): s 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the provided documentation, it was noted tizanidine was recommended for spasms; however, with the provided documentation, the requesting physician did not include adequate documentation of significant spasms that would indicate the patient's need for the medication. Additionally, the guidelines recommend the use of muscle relaxants for short-term therapy, and it was unclear how long the patient had been utilizing the medication. The request for Tizanidine is not medically necessary and appropriate.