

Case Number:	CM13-0022389		
Date Assigned:	10/23/2013	Date of Injury:	10/26/2011
Decision Date:	06/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/10/2013

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 and Rehabilitation and is licensed to practice in Interventional Spine. 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:

This patient is a 40-year-old male with date of injury of 10/25/2011. The listed diagnoses per [REDACTED] dated 08/19/2013 are myalgia/myositis, anxiety, iatrogenic opioid dependency, left foot pain, chronic pain, chest pain, history of coccidioidomycosis with related joint pain, and speech difficulty improving. According to the report, the patient complains of thigh pain. The patient's pain level has increased with average pain level of 6/10 with medications and 7/10 without medications. He also complains of left ankle/foot, other joint pains, and some chest pain that is worsening. The patient reports activities of daily living limitations including activity, ambulation, hand function, sleep, and sex. The objective findings show the patient is oriented and alert in slight distress. Sensory and motor examination reveals no change. There is restrictive painful range of motion in the left ankle. The Utilization Review denied the request on 09/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG EVERY 8 HOURS #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of the MTUS requires "pain assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: Analgesia, ADLs, adverse side effects, and aberrant-drug seeking behavior." In this case the patient has been utilizing Norco since 2012. The treating physician documents the patient's pain level a 6/10 with medication and 7/10 without medication and allowed the patient to increase/maintain activities of daily living and function. No side effects are reported and the patient has been compliant with prescription. However, there are no significant changes in ADL's or function/return to work are reported. Analgesia is mild and non-significant with change of only one VAS level. Furthermore, there is a urine drug screen with aberrant results that was not addressed. Therefore, the request for Norco 10/325 mg every 8 hours, # 120 is not medically necessary and appropriate.

PRESCRIPTION OF CARTIVISC 500/150/200MG THREE TIMES A DAY QTY: 90.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE).

Decision rationale: The MTUS Guidelines page 50 on glucosamine (and chondroitin sulfate) states, "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)." The medical records provided for review show that the patient has been using Cartivisc since 2012. However, the patient does not present with osteoarthritis of the knee. The request for Cartivisc 500/150 200mg three times a day, quantity 90 is not medically necessary and appropriate.