

Case Number:	CM13-0024431		
Date Assigned:	11/20/2013	Date of Injury:	04/15/1996
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, and Pain Medicine and is licensed to practice in Florida. 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 68-year-old injured worker with a reported date of injury of April 15, 1996. The patient presented with complaints of ongoing bilateral knee pain; moderately severe antalgic gait; tenderness to the bilateral joint lines, greater in the medial femoral condyle; right knee pain in the anterior joint line and bilateral joint lines; crepitus, decreased and painful range of motion; and pain which was noted to be severe at times, left greater than right. The patient had diagnoses including lumbar spine discopathy, lower spondylolisthesis, right knee incision and drainage, left knee pain, status post total knee replacement with revision. A retrospective request for Cartivisc dispensed on 5/17/12 for left knee (duration and frequency unknown) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cartivisc dispensed on 5/17/12 for left knee (duration and frequency unknown),: 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 Sulfate), Page(s): 50.

Decision rationale: The medication Cartivisc is comprised of glucosamine sulfate, methylsulfonylmethane, and chondroitin sulfate. The California MTUS Chronic Pain Medical Treatment 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 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). 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 sulphate. The Guidelines recommend the use of glucosamine and chondroitin for patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records provided for review indicates that the patient underwent a left knee total knee replacement with revision. As the patient's knee joint has been replaced, the medication would provide no benefit, specifically to the left knee. Additionally, the requesting physician's rationale for the request was unclear. The retrospective request for Cartivisc dispensed on 5/17/12 for left knee (duration and frequency unknown) is not medically necessary and appropriate.