

<b>Case Number:</b>	CM13-0027624		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in 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 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 patient reported an injury on 10/10/2011. The patient had been treated for significant left knee pain whereupon it was stated that he used a cane for ambulation, and took the oral medication Norco throughout 06/2013 and 07/2013. The patient was most recently seen on 07/11/2013 with complaints of left knee pain rated as a 9/10 with no radiation or associated numbness, tingling, muscle weakness, or paralysis. The patient stated that the current pain regimen is helpful in alleviating his pain symptoms; however, the left knee is still tender to palpation over the medial and lateral aspect. The patient also has mild pain with flexion and extension, and walks with an antalgic gait and was utilizing a cane until the patient sustained a fall which subsequently broke his cane. Under the plan it indicates the patient had been utilizing Cartivisc, Myofibex and Ambien, as well as Norco for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR PRESCRIPTION OF CARTIVISC (DURATION AND FREQUENCY UNKNOWN) FOR THE LEFT KNEE DISPENSED ON 7/11/13:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

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

**Decision rationale:** Regarding the retrospective request for prescription of Cartivisc (duration and frequency unknown) for the left knee dispensed on 07/11/2013, this medication is a glucosamine preparation and according to California MTUS Guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, there is a lack of literature supporting this medication, and as the documentation does not provide a thorough overview of its intended use, or a thorough rationale for the patient utilizing this medication, the requested service cannot be supported. Furthermore, the request fails to indicate the duration and frequency of the medication and does not state whether this is for oral or topical use. Therefore, without sufficient information pertaining to the overall use of this medication as well as its efficacy and supported literature, the requested service cannot be supported at this time.