MAXIMUS Federal Services

Case Number:	CM13-0035725		
Date Assigned:	12/13/2013	Date of Injury:	02/11/2009
Decision Date:	02/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and is licensed to practice in California. 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 64-year-old male who began working for [redacted] in 1990 after having moved to the United States from El Salvador. In 2000 the patient acquired his immigration documents and became a legal resident of the United States. On February 11, 2009, the patient slipped and fell on both his knees, while using a blower to clean a yard. He states he felt pain immediately in his right knee, which struck the ground first and then his left knee. The patient immediately informed his employer and continued to work, despite being in severe pain, as he had three more yards to complete that day. On 02/13/2009 the patient decided to go to see his primary care doctor, [redacted] in [redacted], who prescribed medication for pain and a topical ointment. The patient returned to work the following day, taking the prescribed pain medication to cope with the pain. The patient reported that he worked daily until 02/27/2009, in which he stated that, the pain was unbearable despite medication, and he could not work anymore. The patient states that after informing his employer of his inability to work due to pain, medical treatment was not offered so the patient opted to return to El Salvador to seek medical treatment that he could afford. On March 3, 2009 while in El Salvador the patient was seen by orthopedic surgeon, [redacted] who performed the first of two surgeries to his left knee. The patient was diagnosed with a torn meniscus in his right knee and was told he possible also had arthritis. After the second surgery in May 2009, the claimant recovered in El Salvador and returned to the United States In mid to late June 2009. The patient recalls that it was not until the end of June 2009 that he began to experience a depressed mood and anxiety regarding his orthopedic condition. He initially believed that his condition would improve and he would be able to return to work however the claimant realized that his condition was not improving and his mood began to

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cartivisc 500/200/150mg #90 between 7/23/2013 and 12/3/2013 PRES: 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 Chondrotin Sulfate and MSM Page(s): 50 and 63 of 127.

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this product. Cartivisc, this supplement is a compounded medication composed of chondroitin sulfate, glucosamine sulfate, and methylsulfonylmethane (MSM). Regarding methylsulfonyhnethane, the guidelines reconunend this constituent for the treatment of complex regional pain syndrome (CRPS). Chondroitin sulfate and glucosamine are supported for the treatment of osteoarthritis, especially for the knee. Glucosamine (and Chondroitin Sulfate) page 50 of 127: 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 narro\\ing, pain, mobility, safety, and response to treatment. MSM (methylsulfonylmethane): page 63 of 127, See Complex Regional Pain Syndrome (CRPS), CRPS, medications. Regional inflammatory reaction: There is some evidence of efficacy for topical DMSO cream. Although the patient continues to be treated for knee pain there is no clinical evidence of a diagnosis of CRPS or signs and symptoms consistent with this diagnosis. any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In consideration of this, there is a lack of support for all of the components of this medication and thus its use cannot be supported. The prospective request for one prescription of Cartivisc 500/200/l50mg #90 is not medically necessary.