

Case Number:	CM13-0038107		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2011
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family 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 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 40-year-old male who reported an injury on 09/15/2011. The patient is currently diagnosed with left ankle pain, left foot pain, history of coccidiomycosis, myositis, myalgia, opioid dependence, and chronic pain. The patient was seen by [REDACTED] on 09/16/2013. The patient reported left foot and ankle pain rated 4/10. Physical examination revealed tenderness to palpation of the left ankle and foot with decreased range of motion. Treatment recommendations included continuation of current medications and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 500mg, QTY 90.00: Upheld

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

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

Decision rationale: California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option, given the low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the clinical notes submitted, the patient does not maintain a

diagnosis of osteoarthritis of the knee. Therefore, the medical necessity for the requested medication has not been established. As such, the request is non-certified.

Cartivisc 500/150/200mg Qty 90.00: Upheld

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

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

Decision rationale: California MTUS Guidelines state glucosamine and chondroitin sulfate are recommended as an option, given the low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis of the knee. Therefore, the medical necessity for the requested medication has not been established. As such, the request is non-certified.