

Case Number:	CM13-0038917		
Date Assigned:	12/18/2013	Date of Injury:	05/14/2004
Decision Date:	02/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/01/2013

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, has a subspecialty in Pulmonary Diseases 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 39-year-old male who reported an injury on 05/14/2004. The patient is diagnosed with L4, L5, and S1 lumbar discopathy with intermittent radiculopathy. The patient was seen by [REDACTED] on 08/14/2013. The patient reported ongoing pain and discomfort. Physical examination revealed mildly reduced range of motion, negative straight leg raising and sciatic stretch testing, and mildly decreased sensation at the L5 and S1 dermatomes on the left. Treatment recommendations included continuation of home exercise program and continuation of current medications including cyclobenzaprine, tramadol, Cartivisc, and FluriFlex cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream 180 gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. As per the clinical notes submitted, the patient does demonstrate mildly decreased sensation in the left lower extremity. However, there is no documentation of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Therefore, the request for Decision for Fluriflex cream 180 gm. is non-certified.

Cyclobenzaprine 7.5 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm, spasticity, or muscle tension on physical examination. The medical necessity for the requested medication has not been established. As Guidelines do not recommend long-term use of this medication, the current request is not appropriate. As such, the request for Cyclobenzaprine 7.5 mg, #60 is non-certified.

Cartivisc 500/200/150 mg, #90: 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 Page(s): 50.

Decision rationale: Cartivisc appears to be a combination of glucosamine, chondroitin, methylsulfonylmethane, and dimethyl sulfoxide. The California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option given its 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. The patient's current diagnosis is lumbar discopathy with intermittent radiculopathy, and the requested medication does not appear to be appropriate for the patient's condition. Based on the clinical information received, the request for Cartivisc 500/200/150 mg, #90 is non-certified.

Cartivisc 500/200 mg, #90: 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 Page(s): 50.

Decision rationale: Cartivisc appears to be a combination of glucosamine, chondroitin, methylsulfonylmethane, and dimethyl sulfoxide. The California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option given its 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. The patient's current diagnosis is lumbar discopathy with intermittent radiculopathy, and the requested medication does not appear to be appropriate for the patient's condition. Based on the clinical information received, the request for Cartivisc 500/200 mg, #90 is non-certified.