

Case Number:	CM13-0043309		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2009
Decision Date:	03/17/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and 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 56-year-old female who reported a work-related injury on 10/13/09, as the result of a fall. The patient presents for treatment of lumbar spine and bilateral lower extremity pain complaints. A clinical note dated 9/10/13 reports that the patient was seen under the care of [REDACTED]. The provider documents that the patient was status post L3-4 fusion in 2005. The provider documented that the patient utilizes Norco and glucosamine for her symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Hydrocodone/APAP 10/325mg, one by mouth every 6-8 hours as needed, 2 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS indicates that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. These domains should be monitored so as to affect future therapeutic decisions. The clinical notes failed to document the

patient's reports of efficacy with her current medication regimen, as noted by a decreased in rate of pain on a VAS scale and increase in objective functionality to support continued chronic utilization of opioids. Given the above, the request for Hydrocodone/APAP is not medically necessary or appropriate.

90 Cartivisc 500/200mg, one by mouth every eight hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that glucosamine and chondroitin sulfate are recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. However, the medical records provided did not document the patient's reports of efficacy with this intervention for her pain complaints, as noted by a decrease in rate of pain on a VAS scale and increase in objective functionality. Given the lack of quantifiable documentation of efficacy, the request for Cartivisc is not medically necessary or appropriate.