

Case Number:	CM13-0044296		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2009
Decision Date:	03/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 & Rehabilitation 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 65-year-old male who reported an injury on 06/18/2009. A review of the medical record reveals the patient has diagnoses of right shoulder impingement syndrome, ICD-9 code 726.2, right upper extremity overuse tendinopathy, ICD-9 code 727.05, multilevel cervical discopathy, ICD-9 code 722.91, right wrist carpal tunnel syndrome, ICD-9 code 354.0, and status post right elbow surgery, ICD-9 code V45.89. The patient has continued pain in his right shoulder and hand, with difficulty flexing the fingers of his right hand, with intermittent numbness and tingling in the right wrist and hand noted as well. The patient also complains of pain to his left shoulder but does not have any numbness or tingling noted.

EMG/NCV(transcutaneous electrical nerve stimulation) studies dated 06/05/2013 revealed moderate right carpal tunnel syndrome, moderate right ulnar neuropathy at the elbow, chronic right C6 and/or C7 radiculopathies, severe left carpal tunnel syndrome, moderate left ulnar neuropathy at the elbow, and mild left ulnar neuropathy at the wrist, and axonal polyneuropathy. The patient has multiple urine drug screens provided in the medical record dated 02/27/2013, which was inconsistent with prescription therapy as Tramadol was detected. Urinalysis was performed 03/27/2013, revealed results inconsistent with prescription therapy with Tramadol reported as prescribed, with the last dose given 0 hours before the screen. An additional urine drug screen was done on 05/22/2013, which revealed all findings consistent with patient's drug regimen. A drug screen dated 06/19/2013 revealed results that were inconsistent with prescription therapy. Tramadol was detected and is reported as not prescribed. Urine drug screen dated 7/31/2013 was performed and revealed findings consistent with patient's medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Cartivisc 500/200/150mg #90: Upheld

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

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

Decision rationale: While not particularly effective, chondroitin use did not appear to be harmful either, according to a meta-analysis of 12 of the studies. Despite multiple controlled clinical trials of glucosamine in osteoarthritis, controversy on efficacy related to symptomatic improvement continues. The effect of the combination of glucosamine plus chondroitin sulfate may be less active than the effect of each treatment singly. As there is no documentation provided in the medical record of the patient having any previously failed attempts at any first-line FDA-approved drugs, and Chronic Pain Medical Treatment Guidelines recommends the use of the requested compound medications individually, the medical necessity for the requested medication cannot be determined at this time. Therefore, the request for Cartivisc 500/200/150 mg #90 tablets is non-certified.

The request for Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, it is stated that a patient must be at risk for a gastrointestinal episode or injury in order to use proton pump inhibitors. There is no documentation provided in the medical record that is indicative that the patient suffers from a history of peptic ulcer, GI bleed, or perforation. There is also no documentation that the patient is on concurrent use of aspirins, corticosteroids, or anti-coagulation medication. Therefore, the medical necessity for the use of the requested medicine cannot be determined at this time, and the request for Omeprazole 20 mg #90 tablets is noncertified.

The request for Urinalysis to monitor medication compliance (DOS 9/11/2013): 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 Opioids Page(s): 78.

Decision rationale: In the Chronic Pain Medical Treatment Guidelines, it is stated that the use of urine drug screens is for those patients that you feel are at risk for abuse, addiction, or having poor pain control. It is also noted in the Chronic Pain Medical Treatment Guidelines that drug testing is recommended as an option to assess the use of, or a presence of, illegal drugs. As the most recent evaluation does not indicate any evidence that the patient is using any scheduled medications to include opioids at this time, and there are no significant signs to suggest that the patient is taking any illegal drugs, the medical necessity for the urinalysis dated 09/11/2013 cannot be determined at this time and the request for the retrospective urinalysis to monitor medication compliance, DOS 09/11/2013, is noncertified.