

Case Number:	CM13-0045182		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2002
Decision Date:	03/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/31/2013

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 has a subspecialty in Interventional Spine 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 55-year-old injured worker with date of injury on 08/19/2002. The progress report dated 09/05/2013 by [REDACTED] indicates that the patient's diagnoses include, left shoulder rotator cuff tear, bilateral shoulder strain, bilateral carpal tunnel syndrome, status post left carpal tunnel release from 2006, left index finger distal tip fracture, nonindustrial, status post right carpal tunnel release in 2007, right knee pain status post surgery, knee degenerative joint disease, pilonidal cyst, and left knee pain. The patient continues to present with ongoing pain to his knees and bilateral shoulders. It was noted that the patient is doing well with the current medication regimen program. He continues to engage in at-home exercises. Physical exam findings include tenderness with overhead reaching of the left shoulder. There is decreased grip strength in his hands. There is tenderness with mild crepitus of the bilateral knees. There is medial and lateral joint line tenderness. The patient has difficulty with deep knee bend. The patient was continued on Vicodin 5/500 quantity #120 and Cartivisc 500/200/150 mg #90 for joint nutrition. Utilization review letter dated 09/30/2013 issued noncertification of Vicodin and Cartivisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin 5/500mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The patient continues with persistent bilateral shoulder pain and bilateral knee pain. The progress report dated 09/05/2013 indicates that the patient continues to do some exercises at home. The treating physician does not report the patient's level of pain or amount of pain relief obtained from pain medication. Progress reports going back to 03/21/2013 indicated that the patient has continued on Vicodin for greater than 6 months; however, the progress reports between 03/21/2013 and 09/05/2013 do not appear to indicate any assessments of pain, activities of daily living, and adverse effects. There are multiple urine drug screens that appear to be consistent with pain medication. MTUS Chronic Pain Medical Treatment Guidelines page 78, under trial of opioid recommend ongoing monitoring of the 4-As including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The records provided by the treating physician do not contain adequate documentation of analgesia and activities of daily living or adverse side effects. The request for 1 prescription of Vicodin 5/500mg, quantity 120 is not medically necessary and appropriate.

1 prescription of Cartivisc 500/200/150mg, quantity 120:

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: The patient continues with bilateral knee pain. Exam indicates difficulty with deep knee bending. There was also documented crepitus on exam. MTUS Chronic Pain Medical Treatment Guidelines page 50 regarding glucosamine and chondroitin sulfate recommends this as an option given its low risks, and patients with moderate arthritis pain, especially for knee osteoarthritis. The requested Cartivisc also contains coumarin anticoagulants. MTUS only recommends formulations with glucosamine and chondroitin sulfate together. There is no mention of any other formulations that would be supported. The request for 1 prescription of Cartivisc 500/200/150mg, quantity 120 is not medically necessary and appropriate.