

<b>Case Number:</b>	CM13-0046731		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Neurology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

There is a surgical consultation on 12/3/13 from [REDACTED]. It reports a date of injury of 12/19/12. The complaint is of left knee pain that is aggravated by physical activity and relieved by rest and sitting. Examination notes antalgic gait. There is no swelling of the extremity. The strength of knee extension is 4/5 and otherwise 5/5 elsewhere for motor and sensation to light touch are intact. Patellar apprehension is positive. Magnetic Resonance Imaging (MRI) of 8/14/13 is reported to show moderate to high-grade chondral loss in the left knee. 9/12/13 PR-2 by [REDACTED] indicates pain in back and leg. He reports MRI of lumbar spine shows mild spondylosis at L2-3 and disc bulge at L4-5. Exam shows tenderness of the patellar tendon. His treatment plan includes physical therapy, medications of condrolite, omeprazole, and tramadol for pain. The diagnosis is listed as left knee strain/sprain, left knee contusion, and right knee strain/sprain. There is no diagnosis of osteoarthritis noted. 11/4/13 PR-2 by [REDACTED] indicates the same physical findings and diagnosis. There is no documentation of adverse event related to use of an Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), documented history of cardiovascular event, or history of Gastroesophageal Reflux Disease (GERD) or gastric ulcers. There is no indication of previous pharmacologic therapy tried for the condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for Condrolit 500/200 15mg, Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Condrolite is a nutritional supplement consisting of glucosamine sulfate, chondroitin sulfate and MSM. Treatment guidelines do not support the use of combination agents involving chondroitin sulfate. There are limited studies showing any benefit of chondroitin sulfate for osteoarthritis and no benefit for other knee diagnosis. The medical records provided for review do not indicate a condition of knee osteoarthritis. As such Condrolite is not supported based on the medical records provided for review.

**retrospective request for Omeprazole 20mg, Qty 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): 68..

**Decision rationale:** The medical records provided for review do not indicate any past medical history regarding cardiovascular disease or a history of gastrointestinal events. There is documentation of adverse event to NSAID. As such the medical records provided for review do not support the use of omeprazole in this insured.

**Decision for retrospective request for Tramadol HCL 150 mg, Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**Decision rationale:** The medical records provided for review do not indicate what if any prior pharmacologic agents were tried and what the outcome regarding therapy was. There is no indication if NSAIDS were tried and what effect they had on the condition of the knee pain. The use of opioids such as tramadol is not recommended unless first line agents such as NSAIDS have been tried and failed.