

Case Number:	CM13-0050315		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2009
Decision Date:	04/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 expert 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:

This patient is a 73-year-old male with date of injury 03/12/2009. Per treating physician's report 07/26/2013, chief complaints are left knee pain, chronic left-sided low back pain. Diagnostic impressions are MR arthrogram left knee 11/17/2010 showing oblique tear of the lateral meniscus, possible lumbar spine sprain/strain, low back pain secondary to gait imbalance consequence of left knee injury. Under discussion, the treater indicates that the patient remains on Naprosyn, Cartivisc t.i.d. #90, Prilosec 20 mg b.i.d., trazodone 100 mg #60, Norco #90, and Ultracin. The patient was allowed refills of all oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CARTIVISC #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, GLUCOSAMINE/CHONDROITIN FOR ARTHRITIC KNEE PAINS

Decision rationale: This patient presents with chronic knee pain, and given the patient's age, the patient likely has significant osteoarthritis. There is a prescription for Cartivisc which was changed from glucosamine sulfate by treating physician without any rationale. While MTUS Guidelines support glucosamine and chondroitin sulfate as an option given its low risk, Cartivisc also contains, Methylsulfonylmethane (MSM), which is an organic form of sulfur. The Guidelines do not discuss MSM or DMSO, but ODG Guidelines consider this medication investigation for treatment of Complex Regional Pain Syndrome (CRPS). In this patient, glucosamine and chondroitin sulfate may be appropriate, but Cartivisc contains MSM which is not supported for this patient's knee condition. The request is denied.

RETROSPECTIVE PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), GASTROINTESTINAL (GI) SYMPTOMS & CARDIOVASCULAR R.

Decision rationale: This patient suffers from chronic low back and knee pain and is on Naprosyn. There is a request for Prilosec #60. However, none of the reports reviewed by the treating physician discussed the rationale for prescription of Prilosec. There is no documentation of any stomach irritation or gastric side effects. There is lack of Gastrointestinal (GI) assessment. MTUS Guidelines require GI assessment for prophylactic use of Proton pump inhibitors (PPI's) or Prilosec. Given the lack of documentation as to why this medication is needed, lack of documentation regarding any GI side effects from the use of Naprosyn, the request is denied.

RETROSPECTIVE TRAZODONE 100MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG MENTAL ILLNESS & STRESS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TRAZODONE FOR SLEEP / STRESS/MENTAL CHAPTER

Decision rationale: This patient presents with chronic low back and knee pain. There is a prescription for trazodone 100 mg #60. MTUS Guidelines do not discuss this medication, but ODG Guidelines states under insomnia that this medication can be used if the patient has concurrent depression. Given the chronicity of this patient's chronic pain, use of trazodone to help this patient's insomnia in chronic pain context is quite appropriate. Recommendation is for authorization.