

Case Number:	CM13-0053979		
Date Assigned:	04/11/2014	Date of Injury:	06/03/1999
Decision Date:	05/23/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is an employee of [REDACTED] and has submitted a claim for cervical disc degeneration, cervical and lumbar radiculopathy associated with an industrial injury date of 06/03/1999. Treatment to date has included sacrococcygeal block, L3 interlaminar injection, cervical epidural injection, physical therapy, low-level laser treatment for cervical spine, and medications including tizanidine, Vitamin D, hydrocodone/APAP, ketoprofen, and Cartivisc. Utilization review from 10/11/2013 denied the request for Cartivisc for the cervical and lumbar spine, date of service 7/8/13; because it has neither been proven nor is recommended for the treatment of chronic neuromusculoskeletal pain involving neck and lumbar regions. Medical records from 2013 to 2014 were reviewed showing that the patient has been complaining of neck and low back pain both radiating to bilateral upper and lower extremities rated as 9/10 and improved to 8/10 upon intake of medications. Pain was aggravated by lifting, bending, twisting, pushing, pulling, overhead lifting, sitting, standing and walking. The patient experienced limitations in activities involving self-care, hygiene, ambulation, and hand function. Inspection of the lumbar spine revealed no gross abnormality. Tenderness was present at bilateral trapezius and spinal vertebral area at L4-S1 levels. Deep tendon reflexes were equal and symmetric. The grip JAMAR dynamometer reading on the 2nd notch revealed 10/10/10 on the right and 8/8/8 on the left, per kilograms force. Sensation was decreased to Wartenberg pinwheel at the right C5, L4, L5, and S1 dermatomes. The patient was unable to perform heel-walk or toe-walk bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO CARTIVISC FOR THE CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, GLUCOSAMINE (AND CHONDROITIN SULFATE) AND THE FDA, MSM (METHYLSULFONYLMETHANE)

Decision rationale: CA MTUS does not address this issue. A search of online resources identified that Cartivisc contains chondroitin sulfate, glucosamine, and methylsulfonylmethane (MSM). ODG states that chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Compelling evidence exists that glucosamine may reduce the progression of knee osteoarthritis. MSM is sold as a dietary supplement for osteoarthritis. While ODG recommends glucosamine and chondroitin sulfate as an option in patients with moderate arthritis pain, Cartivisc contains methylsulfonylmethane (MSM), which is not FDA approved. The earliest progress report citing patient's use of Cartivisc was written on 05/10/2013. The indication for the prescription of this medication was not found in any documentation. There is no discussion concerning the need for variance from the guidelines. Moreover, the request for this medication is to treat the cervical and lumbar areas, however, the guidelines stated that Cartivisc has only been proven beneficial for knee osteoarthritis. The request also did not specify the dosage, frequency of use and the amount of medication to dispense. Therefore, the request for retro Cartivisc for the cervical and lumbar spine is not medically necessary.