

Case Number:	CM13-0055125		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2005
Decision Date:	03/13/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland and 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:

This is a 52 year old female patient with a date of injury on 11/30/10. Her referenced diagnoses include cervical radiculopathy, lumbar radiculopathy, left knee internal derangement, chronic pain syndrome, chronic low back pain, and neuropathic pain. A note, dated 08/28/13 indicates the patient was noted to complain of constant neck pain with radiation to the right arm with numbness and tingling and also constant low back pain with radiation into the left lower extremity and associated numbness and tingling. The patient also complained of constant knee pain with associated weakness. She rates her neck pain 6-7/10, low back pain -8/10, and left knee pain 7-8/10. She noted that her neck pain, low back pain, and left knee pain had been feeling the same since her last visit; she had not participated in any physical therapy (PT). She indicates her current medication regimen includes Norco, Soma, and Relafen. She notes that her Norco does help to alleviate her pain as the others do not help. She is discontinued from Norco and started on Oxycodone. On exam, the patient had reduced range of motion (ROM) in the affected areas. McMurray's test was positive on the left and negative on the right. Medial and lateral stress test is also positive on the left and negative on the right. The patient had decreased sensation in a left L4-L5 nerve root distribution and a left C6 nerve root distribution. Upper extremities strength was weak in C4-5, C6-7, and C8 distributions on the right as well as C8 on the left. She was diagnosed with cervical radiculopathy, lumbar radiculopathy, left knee internal derangement, chronic pain syndrome, chronic low back pain, and neuropathic pain. He noted the patient had been experiencing constipation and was consuming fiber. She reported no side effects from medication. A MRI of the cervical and lumbar spine was recommended to rule out a herniated nucleus pulposus as well as MRI imaging of the left knee to rule out any tear. A note, dated 04/03/12, indicates the patient had an MRI of the lumbar spine on 12/03/10 reportedly

showing L 1-2 3 mm disc bulge effacing the thecal sac, L2-3 Facet arthropathy, bilaterally, L3-4 Facet arthropathy, bilaterally, L4-5 3 mm disc protrusion with an annular fissure effacing the right L5 nerve root and bilateral facet arthropathy, and L5-S1 Osteophyte formation effacing the thecal sac with narrowing of the neuro foramen bilaterally, disc narrowing and disc desiccation. A cervical MRI, dated 12/03/10 reportedly showed C4-5 Small disc bulges, C4-5 Small disc bulges and left facet arthropathy, and C6-7 small disc bulges. A MRI of the lumbar spine, dated 10/28/11, reportedly showed L4-5 1-2 mm annular bulges with bilateral foraminal narrowing, multilevel disc desiccation, facet arthropathy and L5-S1 1-2 mm annular bulges with bilateral foraminal narrowing, multilevel disc desiccation, facet arthropathy. The patient has complaints of soreness, aching, and sharp pain, with a giving way and locking sensation. On exam she localizes pain anteriorly. She reports tenderness in the- medial and -lateral areas. She has crepitus and pain on pressure of the patella on the femur. There is no evidence of ligament instability. Previously, MRI imaging of the cervical and lumbar spine and left knee were noncertified. On 03/19/13 with- a rationale that the clinical information did not support any changes in the clinical presentation including no neurological or orthopedic changes to- substantiate the requested diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Condrolite (duration and frequency unknown) dispensed on 9/17/2013 for the left knee, cervical spine, lumbar spine and ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Knee (Acute and Chronic)(updated 03/7/2014)- Hyaluronic acid injections.

Decision rationale: With respect to Condrolite, CA-MTUS indicated that it is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. According to ODG-TWC Guidelines updated 01/20/2014, Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Therefore the retrospective request for Condrolite (duration and frequency unknown) dispensed on 09/17/2013 for the left knee, cervical spine, lumbar spine, and left ankle is not supported by the guideline, and therefore not medically necessary and appropriate.