

<b>Case Number:</b>	CM13-0056032		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 injured worker is a male with date of injury of 1/13/2010. Per the primary treating physician's progress report and request for authorization, the injured worker complains of persistent left knee pain, and improving status post arthroscopy. He is doing much better. His knee continues to bother him, especially with prolonged standing and walking. He has returned to full-duty work. On exam, the left knee shows well-healed arthroscopic portals. He can flex to 90 degrees and extend to 5 degrees. There is some joint line tenderness medially. There is mild swelling. There is no evidence of allodynia. There is no hypersensitivity. He walks with a limp. The diagnoses include: 1) status post left knee revision arthroscopy on 4/29/2013, and 2) insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, FOR NEUROPATHIC PAIN AND OPIOIDS Page(s): 82, 83, 93, 94.

**Decision rationale:** The injured worker is nearly five (5) months post-surgery at the time of this request. He is improving, and is continuing with physical therapy and home exercise. With reported improvement and progressive therapy, there does not appear to be an attempt to decrease the pain medication. The Chronic Pain Guidelines indicate that the use of Tramadol is recommended as an option for pain management, but evidence only shows that symptom relief and improved function for up to three (3) months, and the benefits are considered small. There are no long-term studies to allow for recommendations for longer than three (3) months. The requesting provider does not provide any information that would support the use of Tramadol beyond three (3) months. The request for Tramadol ER 150 mg #60 is determined to not be medically necessary.

**CARTIVISC 500/200/150MG #90 ONE (1) TABLET BY MOUTH EVERY EIGHT (8) HOURS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, MEDICATIONS SECTION AND GLUCOSAMINE AND CHONDROITIN SULFATE Page(s): 37, 38, 50.

**Decision rationale:** Cartivisc 500/200/150 mg is a combination medication containing glucosamine sulfate, methylsulfonylmethane, and chondroitin sulfate. The Chronic Pain Guidelines recommend the use of topical DMSO (methylsulfonylmethane) for regional inflammatory reaction. Glucosamine sulfate with chondroitin sulfate is recommended in patients with moderate arthritis pain, especially knee osteoarthritis. The medical records provided for review clearly describes an individual suffering from arthritic pain in the injured knee. The medications are actually recommended by the guidelines, even though methylsulfonylmethane in combination with glucosamine/chondroitin is not specifically addressed. The request for Cartivisc 500/200/150 mg #90 is determined to be medically necessary.