MAXIMUS Federal Services

Case Number:	CM13-0056998		
Date Assigned:	12/30/2013	Date of Injury:	08/08/2006
Decision Date:	06/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 58 year old male who sustained an injury on 08/08/06. The patient has multiple noted conditions to include hypertension, gastroesophageal reflux disease, complaints of bilateral knee pain, and complaints of left thumb pain. Prior medication use has included Hydrocodone, Tizanidine, and Naproxen. The patient did receive Synvisc injections in the right knee performed on 10/15/13. Subsequent Synvisc injections were completed through October of 2013. The requested Tizanidine and Cartvisc were non-certified by utilization review on 10/30/13. Per the report, Tizanidine was modified for 60 tablets with consideration for tapering. No specific rationale for the denial of Cartvisc was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG ONE PO Q12 PRN QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (ZanaflexÂ®, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 97-100.

Decision rationale: The clinical documentation provided for review did not support the requested Tizanidine for the patient's ongoing complaints. Per current evidence based

guidelines, the chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Tizanidide is not medically necessary.

CARTVISC 500/200/150MG ONE PO QHS: Overturned

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

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.

Decision rationale: In regards to Cartvisc 500/200/150mg, this medication is a brand name analog of Glucosamine that is indicated in the treatment of osteoarthritis. Per guidelines, Glucosamine can be considered an option in patients being followed for osteoarthritic pain especially in the knee. In this case, the patient has been followed for bilateral knee complaints secondary to osteoarthritis. The patient is noted to have had prior injections of Synvisc into the right knee with efficacy. Given the evidence of osteoarthritic findings in the bilateral knees, at this time the use of Cartvisc would be considered medically necessary as a supplemental therapy to Synvisc injections for the patient's osteoarthritis. The request for Cartivisc is medically necessary.