

Case Number:	CM14-0008590		
Date Assigned:	02/12/2014	Date of Injury:	09/09/2011
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/22/2014

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 Mississippi. 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 41-year-old male who was injured on September 9, 2011. The note dated December 2, 2013 indicates the claimant presents with continued complaints of knee pain that is intermittent in nature since the most recent osteochondral graft. The requested medication is a compounded formulation that is not Food and Drug Administration approved and consists of glucosamine chondroitin and Dimethyl sulfoxide (DMSO) Methylsulfonylmethane (MSM). The utilization review in question was rendered on December 27, 2013. The reviewer noncertified the request for Cartivisc. The reviewer indicates that Cartivisc is not Food and Drug Administration (FDA) approved and the use of Methylsulfonylmethane (MSM) is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC 500/200/150MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (ODG, Pain Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine and chondroitin sulfate, DMSO Page(s): 50, 43.

Decision rationale: The MTUS, Chronic Pain Medical Treatment Guidelines notes that Glucosamine Chondroitin may be an option for the management of knee pain given its low risk. With regards to Dimethyl sulfoxide (DMSO) Methylsulfonylmethane (MSM), the MTUS indicates that it may be an option for the treatment of topical complex regional pain syndrome. However, it does not support the use of this substance orally. The request is not medically necessary and appropriate.