MAXIMUS Federal Services

Case Number:	CM14-0108432		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2013
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/12/2014

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 Physical Medicine & Rehabilitation 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 58-year-old male who reported an injury on 12/05/2013. The mechanism of injury was not provided. On 02/25/2014, the injured worker presented with complaints of lumbar spine, left elbow, and left wrist pain. Upon examination, there was +3 tenderness to palpation of the lumbar paravertebral muscles with spasm and a positive Kemp's and straight leg raise. There was also painful decreased range of motion of the left wrist and +3 tenderness to palpation over the lateral wrist, medial wrist, and volar wrist. The diagnoses were lumbar disc protrusion, lumbar facet hypertrophy, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left elbow neuralgia, left elbow pain, left elbow sprain/strain, left carpal tunnel syndrome, left wrist pain, and left wrist sprain/strain. Current medication included Toradol. The provider recommended Cartivisc 500/200/150 mg #90. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200/150 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Cartivisc 500/200/150 mg #90 is not medically necessary. California MTUS recommends Cartivisc which is glucosamine and chondroitin sulfate as an option given his lower risk for injured workers with moderate arthritis pain, especially for knee osteoarthritis. The effect of the combination of glucosamine plus chondroitin sulfate may be less active than the effect of each treatment singly. The injured worker does not have a diagnosis congruent with the guideline recommendation for Cartivisc. Additionally, the provider's rationale was not provided. The provider did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.