

Case Number:	CM14-0139875		
Date Assigned:	09/08/2014	Date of Injury:	02/18/1998
Decision Date:	10/03/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency 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:

Patient with reported date of injury on 2/18/1998. Mechanism of injury is described as fall down steps injury back and ankle. Patient has a history of R ankle fracture, flattened plantar arch, ankle synovitis, and lumbar sprain/strain and R hip pain. Patient is post R ankle surgery in 1998 with 2 additional surgeries to the affected ankle. Medical reports reviewed. Last report available until 7/22/14. Patient complains of R knee and ankle pain. Pain is burning and stabbing. Patient also has complains of neck and low back pains. Objective exam reveals antalgic gait. R knee with abnormal patellar tracking, positive grind maneuver with hamstring tenderness. Bilateral joint lines are tenderness with noted crepitus with mild effusion. McMurray test is positive. Negative laxity with stable knee exam. Varus-Valgus stress is mildly positive. Range of motion is normal. R ankle exam reveals tenderness to lateral joint, palpable hardware and screw with mild swelling. Tinel's sign is positive. Achilles tendon insertion site tenderness. Midfoot stress instability. Range of motion of ankle is decreased. Note from 7/22/14 and request does not relate dose of Cartivisc which was provided for "joint nutrition" and Soma for "muscle spasms." Independent Medical Review is for Cartivisc (no dose) #360 and Soma 350mg #240. Prior UR on 8/26/14 recommended approval of Norco and RT ankle injection but not medically necessary of Cartivisc and Soma. Prior request for Cartivisc was denied on URs on 6/12/14 and 3/11/14. Also noted several Soma denials during prior URs. Cartivisc dosage was noted to be 500/200/150mg during UR on 6/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc (Dosage Unspecified) qty: 360: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Medical Treatment guideline, glucosamine has some evidence for arthritic knee pain. Studies have shown minimal to mild benefit for arthritic knee pain with minimal risks. The lack of provided dose is not relevant in this situation since Cartivisc only comes in one dose. There is no evidence to support its use in shoulder, elbow, or spinal arthritis. Pt. does not have reported knee arthritis. Pt. has a knee exam with signs of potential arthritis but the provider has not diagnosed the knee with that problem or noted any imaging to support that diagnosis. The note from the provider also did not mention what this medication was being used for. "Joint nutrition" is not a valid use for Cartivisc. There is no evidence to support its use in this patient. It is not medically necessary.

Soma 350mg qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no documented actual objective improvement on this medication. Use of Carisoprodol, a potentially addictive, dangerous, and not-recommended medication, is not medically necessary.