

<b>Case Number:</b>	CM14-0151534		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 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:

There were 103 pages provided in this review. The application for independent medical review was provided, but not dated. It was for generic prescription drugs. Per the notes provided, the patient is described as a 27-year-old male with the date of injury of April 27, 2009. There was an anterior cruciate ligament repair in April 2012. His MRA of the right knee showed a prior meniscal surgery and mild lateral compartment narrowing. He was seen by the chiropractor on August 5, 2014 and there was no examination supplied. The Agreed Medical Examiner noted he had been in jail and had nausea with Norco medicines. He could stand and walk for 30 minutes but he had trouble with stairs. The knee MR Arthrogram was done in April 2012. There was an application for independent medical review for an MRI of the joint with dye. There was another application for independent medical review for simply Norco tablets. There was another application for independent medical review for cyclobenzaprine. There was a utilization review from August 15, 2014. There were apparently five requests sent for peer review, including a right knee MRI, Cartivisc 500/200/150 mg number 90, Norco, gabapentin cream and cyclobenzaprine cream. It is noted that Cartivisc is a nutritional supplement which contains chondroitin. There is mild arthritis in the knee.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50 of 127.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. Glucosamine (and Chondroitin Sulfate) are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. But the Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Exploratory analyses suggest that the combination of glucosamine and chondroitin sulfate may be effective in the subgroup of patients with moderate-to-severe knee pain. (Clegg, 2006) In this patient, the arthritis, and the pain is described as mild. Given the equivocal benefit out of the GAIT trial documented in the MTUS, the request for Cartivisc 500/200/150mg #90 is not medically necessary and appropriate.