MAXIMUS Federal Services

Case Number:	CM14-0186044		
Date Assigned:	11/14/2014	Date of Injury:	12/12/2012
Decision Date:	12/22/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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:

The patient is an injured worker with bilateral knee pain. Date of injury was 12-12-2012. The progress note dated October 1, 2014 documented subjective complaints of bilateral knee pain. The patient received her knee brace. Acupuncture was helping decrease the pain level. The pain level continues to be 8/10 in the right knee and 6/10 in the left knee. Medications include Hydrocodone. Blood pressure was 126/84. Physical examination was documented. Effusion right and left knees was noted. Range of motion of bilateral knees was 120 degrees. Tender right medial joint line was noted. McMurray's sign was negative. Joint was stable without subluxation. Strength was 5/5. Lachman's test was negative. Gait was within normal limits. Neurological examination was normal. MRI magnetic resonance imaging of the left knee demonstrated chondromalacia of the lateral patellar facet. MRI magnetic resonance imaging of the right knee noted mild parapatellar bursitis with reactive edema. Diagnosis was chondromalacia patella. Treatment plan included Cidaflex (Chondroitin and Glucosamine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex 500/400 mg # 90 twice a day, three refills, related to bilateral knee symptoms: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Glucosamine/Chondroitin Cidaflex (Chondroitin and Glucosamine) http://www.drugs.com/mtm/cidaflex.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Glucosamine and Chondroitin Sulfate is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) states that Glucosamine and Chondroitin are recommended as an option in patients with moderate knee pain. Several studies have demonstrated a highly significant efficacy of Glucosamine on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment.Medical records document bilateral knee pain. Physical examination findings included effusion and tenderness. MRI magnetic resonance imaging of the left knee demonstrated chondromalacia of the lateral patellar facet. MRI magnetic resonance imaging of the right knee noted parapatellar bursitis with reactive edema. Diagnosis was chondromalacia patella. Medical records document bilateral knee pain and arthritis. The use of Cidaflex (Chondroitin and Glucosamine) is supported by MTUS and ODG guidelines. Therefore, the request for Cidaflex 500/400 mg # 90 twice a day, three refills, and related to bilateral knee symptoms is medically necessary.