

Case Number:	CM14-0021619		
Date Assigned:	05/05/2014	Date of Injury:	12/20/2008
Decision Date:	08/19/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 a 61 year old female who was injured on 12/20/2009 when she fell down and landed on her right knee and wrists. Prior treatment history has included the patient undergoing bilateral carpal tunnel release in 2010 and left radial tunnel release in 2006. Progress note dated 11/26/2013 documented the patient with complaints of pain in wrists, right knee and left shoulder. The patient was diagnosed with heart disease and has a thyroid condition and is currently taking medications which include Oxycodone, Quetiapine, Pravastatin, Roprivirole, Fluticasone, Levothyroxine and Clorvaze. Currently the patient is retired. Objective findings on examination of the right knee reveal the patient is not able to toe or heel walk or squat. McMurray's test causes pain. The knee range of motion flexion is 125 degrees on the right and 135 on the left. Diagnosis: Osteoarthritis of right knee. Discussion: A QME examiner recommended a total knee replacement. UR report dated 01/28/2014 modified the request for Norco 10/325 mg, one tablet by mouth up to twice a day as needed for pain #60 to authorizing Norco 10/325 mg twice a day #40 only. The 4 A domains had not been addressed by the provider in the medical record available for review. Cidaflex 1 tab three times a day #30 was not certified as there is no documented benefit to function resulting from the prescribed medications including the Cidaflex. Medrox ointment twice a day #1 was not certified because any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guideline explains that the topical analgesics are primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIDAFLEX #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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Cidaflex is a medication that is a combination of chondroitin sulfate and glucosamine. The Chronic Pain Medical Treatment Guidelines recommends glucosamine as an option for patients with moderate osteoarthritis knee pain. The data for glucosamine with chondroitin is unclear. The guidelines state the recent data shows the combination may not be helpful but is unlikely to be dangerous for patients. However, the clinical documents provided do not sufficiently discuss Cidaflex. It is unclear if the patient has been on this medication and if so what the response to the treatment was. If this is a new medication trial, it is unclear why a 90-day supply of the medication is indicated. Based on the Chronic Pain Medical Guidelines and criteria as well as the lack of clinical documentation as stated above, the request is not medically necessary.

MEDROX OINTMENT #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend any compounded product that contains at least one drug or drug class that is not recommended. Medrox is a compounded product containing capsaicin, menthol, and methyl salicylate. The guidelines recommend capsaicin in patients who have not responded or are intolerant to other treatments. The clinical documents provided do not clearly identify this patient as being intolerant to other treatments and requiring capsaicin as the next step in management. The guidelines do not discuss the other ingredients in Medrox. However, given that one of the ingredients is not indicated at this time. Therefore, according to the guidelines above, the Medrox ointment #1 is not medically necessary.

NORCO 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends chronic opioid therapy when the 4 A's have been met. These are sufficient analgesia has been achieved, improvement in activities of daily living, no significant adverse side effects, and no aberrant drug taking behavior. The clinical notes document the patient has persistent pain and has difficulty with ADLs including walking. There was insufficient discussion of significant side effects or aberrant drug taking behavior. Based on the above guidelines and criteria as well as the lack of clinical documentation stated above, the request is not medically necessary.