

Case Number:	CM14-0023344		
Date Assigned:	05/12/2014	Date of Injury:	11/02/2012
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 34-year-old male with a date of injury of 11/21/12. The listed diagnoses per [REDACTED] are headache, left wrist sprain/strain, loss of sleep, sleep disturbance, depressive disorder, and depression. According to the report on 1/24/14 by [REDACTED], the patient complains of frequent moderate sharp headaches that radiate down to the back and shoulders. The patient also complains of moderate dull throbbing in the left wrist with some numbness and weakness. The patient also complains of loss of sleep due to pain. The medication is helping with her sleep issues. The patient's medication regimen includes Cartivisc, Cyclobenzaprine, naproxen, Omeprazole, and Flurbiprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO CARTIVISC 500/200/150 MG #90: 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 Page(s): 50.

Decision rationale: The MTUS guidelines state that glucosamine, an ingredient in Cartivisc, is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In this case, the medical records do not document any arthritic knee condition. The patient has a diagnosis of left wrist sprain/strain. As such, the request is not medically necessary.

RETRO OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The MTUS recommends determining risk for GI events before prescribing prophylactic PPIs or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Omeprazole concurrently with Naproxen since 10/4/13. A review of the reports from 10/4/13 to 1/24/14 does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. As such, the request is not medically necessary.