

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0023607 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 01/30/2013 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/19/2014 |
| 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43 year old male who reported an injury on 01/30/2013 due to a motor vehicle accident. The injured worker had complaints of head, neck, shoulder and bilateral knee pain and complained of upper back, neck pain bilaterally, right shoulder pain, left elbow, right knee and left knee. Physical exam on 01/08/2014 revealed cervical spine rotation to 70 degrees to the right and left, left arm abduction to 110 degrees causing pain over the lateral left arm, and paraspinal muscles tenderness. Left lumbar flexion to 30 degrees causes low back pain and tightness. Diagnostic studies reported were electromyography study, nerve conduction study on 11/05/2013 and MRI on 03/15/2013. Diagnoses were cervical strain/sprain, right shoulder/upper arm sprain, thoracic strain/sprain, and left elbow/forearm sprain. The injured worker stated the pain level was a 7/10. The injured worker has documented physical therapy visits that stated pain decreased and the injured worker is tolerating well. Medications that were being taken are Naproxen 550mg one tablet twice a day, Prilosec 20mg one tablet daily, Zanaflex, and Norco 10/325 mg to 1 tablet every 4-6 hours as needed. The request was for Tramadol ER 150mg quantity 60, Zolpidem 10mg quantity 30 and Cartivisc 500/200 150mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: There is no documentation of sleeping problems or insomnia submitted in the report. Official Disability Guidelines state Zolpidem can be used for short term use for the treatment of insomnia. Sleeping pills are not recommended for long term because they can become habit forming. There is also concern that they may increase pain over the long term. The report submitted did not document any complaint by the injured worker of insomnia or sleep problems. Therefore, the request is not medically necessary.

ZOLPIDEM 10 MG. # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem.

Decision rationale: There is no documentation of sleeping problems or insomnia submitted in the report. Official Disability Guidelines state Zolpidem can be used for short term use for the treatment of insomnia. Sleeping pills are not recommended for long term because they can become habit forming. There is also concern that they may increase pain over the long term. The report submitted did not document any complaint by the injured worker of insomnia or sleep problems. Therefore, the request is not medically necessary.

CARTIVISC 500/200/150 MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Cartivisc has glucosamine in it. The Glucosamine Chondroitin Arthritis Intervention Trial concluded that glucosamine hydrochloride and chondroitin sulfate were not effective in combination for patients with moderate to severe knee pain. The report submitted for review did not document osteoarthritis or knee joint pain as a symptom or diagnoses. Therefore, the request is not medically necessary.