

Case Number:	CM14-0027657		
Date Assigned:	06/20/2014	Date of Injury:	08/26/2008
Decision Date:	08/11/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 Interventional 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 52 year old female with date of injury 8/26/08. The treating physician report dated 2/13/14 indicates that the patient presents with a chief complaint of pain affecting the cervical spine with radiation of pain down bilateral upper extremity, lower back pain with bilateral lower extremity pain. The pain is rated an 8/10 with medications and 10/10 without Topamax, Cartivisc, Gabapentin, Pantoprazole, Tizanidine and Cymbalta. The current diagnoses are: 1.Cervical radiculopathy 2.Chronic pain status post fusion with failed back surgery syndrome with lumbar spine removal of hardware 3.Lumbar radiculopathy 4.Fibromyalgia 5.Headaches 6.Anxiety and depression. The utilization review report dated 2/27/14 denied the request for aquatic therapy cervical and lumbar 2x4 and Cartivisc based on the rationale that the patient recently received aquatic therapy and there is no evidence of studies suggestive of arthritis to support the usage of Cartivisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED AQUATIC THERAPY FOR CERVICAL AND LUMBAR, 2X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - aquatic therapy - Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The patient presents with chronic cervical and lumbar pain with bilateral upper and lower extremity pain. The current request is for aquatic therapy cervical and lumbar 2x4. The treating physician report dated 2/13/14 states, The patient has completed a course of aqua/pool therapy and reports improved pain control and functional improvement. Four additional weeks of aqua/pool therapy is being requested. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. Although the patient is improving with current aqua therapy, the patient should transition into home exercise program and MTUS only allows 8-10 sessions for myalgia and neuritis conditions, the type of condition this patient suffers from. There is nothing in the request to indicate rationale for treatments such as a new injury/exacerbation or a change in diagnosis to clinically understand the need for additional therapy at this time. Continued Aquatic Therapy For Cervical And Lumbar 2 times a week for 4 weeks is not medically necessary.

CAARTIVISC 500/150/200 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) - MSM (methylsulfonylmethane) - CRPS, medications Page(s): 50, 63, 37-38. Decision based on Non-MTUS Citation Official Disability Guidelines CRPS, medications.

Decision rationale: The patient presents with chronic cervical and lumbar pain with bilateral upper and lower extremity pain. The current request is for Cartivisc 500/150/200 mg #90. Cartivisc is a compounded medication with glucosamine, chondroitin and MSM. The MTUS Guidelines does show support for Glucosamine sulfate and Chondroitin, but not glucosamine HCL. MTUS does not address MSM, so the ODG Guidelines are reviewed which refers readers to the DMSO section in CRPS medications in the ODG Guidelines. The Glucosamine and Chondroitin appears to be supported by MTUS for arthritic pain, especially knee pain. In this case the treating physician has not diagnosed this patient with CRPS which has limited support in the ODG guidelines for the usage of MSM (DMSO) for the treatment of CRPS. Recommendation is not medically necessary for Cartivisc based on the MSM portion of this compounded medication not being supported by the ODG Guidelines.