

Case Number:	CM14-0029161		
Date Assigned:	06/20/2014	Date of Injury:	06/21/1999
Decision Date:	11/26/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 65 year old male with a date of injury on 6/21/1999. As per the report of 10/09/13, he complained of low back pain with stiffness and numbness and tingling to the lower extremities. An examination of the lumbar spine revealed mildly reduced range of motion, spasm and tenderness. The sciatic stretch was positive. The urine drug screening reports dated 08/12/13 and 10/21/13 were negative. The current medications as per the report of 10/09/13 were FluriFlex cream, TGIce cream, Ultram, Cartivisc and Omeprazole. The past treatments have included pain medications, compounded topical medications, and massage therapy which was beneficial. Omeprazole was prescribed for stomach upset. The injured worker's diagnoses include lumbar disc degeneration, lumbar disc bulges L4-5 and L5-S1, chronic spinal pain, anxiety/depression, and diabetes. There was no documentation of recent cardiovascular reports to review Cartivisc usage or gastrointestinal reports to review Omeprazole usage, surgeries, and diagnostic reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200/150; 1 po Q 8hr #90 with 2 refills: 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 Page(s): 50.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate) are recommended as an option given its low risk, in injured workers with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline Glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. However, similar studies are lacking for glucosamine hydrochloride. The guidelines do not address the other ingredients of Cartivisc, Methyl Sulfonyl Methane/Dimethyl Sulfoxide. In this case, there is no documentation of moderate arthritis pain especially knee osteoarthritis. As such, the request is considered not medically necessary.

Omeprazole 20 mg; 1 po bid #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Per the California Medical Treatment Utilization Schedule guidelines, Omeprazole proton pump inhibitor is recommended for injured workers at intermediate risk for gastrointestinal events. The California Medical Treatment Utilization Schedule guidelines state that proton pump inhibitor medications such as Omeprazole (Prilosec) may be indicated for injured workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (e.g., nonsteroidal anti-inflammatory drug + low-dose aspirin). Treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy recommendation is to stop the nonsteroidal anti-inflammatory drug, switch to a different nonsteroidal anti-inflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitor. In this case, the medical records do not demonstrate the injured worker is symptomatic or is at significant risk for gastrointestinal events as stated above. Therefore, the medical necessity of the request is not established at this time.