

Case Number:	CM14-0062220		
Date Assigned:	07/11/2014	Date of Injury:	12/22/2003
Decision Date:	09/15/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 claimant sustained a work injury on 12/22/03 while working as a Roofing Leadman. He was climbing up a ladder and as he reached for the last rung he fell backwards and twisted, landing on his left ankle sustaining an ankle dislocation. He was placed in a cast. He subsequently developed probable avascular necrosis of the talus and underwent a subtalar fusion on 02/26/08 and then a revision ankle arthrodesis on 04/14/09 due to a nonunion. He had postoperative physical therapy. He is also being treated for injury related low back pain and right knee pain. An x-ray of the right knee in May 2012 showed worsening of degenerative changes and an MRI in June 2012 showed meniscal tears with chondromalacia and a joint effusion. He underwent a right total knee replacement on 01/07/13 and was discharged after receiving post-operative physical therapy on 01/20/13. He was seen by the requesting provider on 01/30/14. He was having constant pain. He was noted to ambulate with an antalgic gait favoring his right greater than left lower extremity. He had stiff and painful lumbar spine range of motion. There was a well healed right knee surgical scar with joint line tenderness. Range of motion was from -10 degrees to 105 degrees. He had atrophy of the quadriceps. Recommendations included a left ankle boot and pool therapy for his right knee. Authorization was requested for a gym and pool membership for one year. Condrolite 500/200/150 mg #180 was prescribed to slow the development of arthritis, maintain joint health, and as a nutritional supplement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg #180: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury to the left ankle in 2003 and is status post right total knee replacement due to tricompartmental arthritis done in 2013. His surgery appears to have been uncomplicated. It is unclear as to what is intended to be treated by prescribing this medications as the claimant has a total knee replacement. Condrolite is a nutritional supplement consisting of a combination of glucosamine sulfate 500 mg, chondroitin sulfate 200 mg, and methylsulfonylmethane (DMSO) 150 mg. Glucosamine sulfate alone without chondroitin sulfate is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Additionally, since this medication contains chondroitin sulfate which is not recommended, is not medically necessary and appropriate.