

Case Number:	CM14-0103230		
Date Assigned:	08/01/2014	Date of Injury:	06/24/2008
Decision Date:	01/28/2015	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Practice 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, 9792.20-9792.26, pages 50 (Cidaflex) and 111 (Ultracin) Date/First Report of Injury: 6/24/2008 Injured Worker Age, Gender and Complaints: 52 year old male presented to primary treating physician's office on 5/24/13 with complaints of low back pain with radiation of pain down left leg. He complained of locking of the right knee and recurrent abdominal pain and constipation. The injured worker was last seen on 2/15/13. Per progress notes dated 10/25/13 from primary treating provider, the injured worker was last seen on 7/26/13. He complained of intermittent low back pain with left sciatica that occurred primarily upon standing. The injured worker reported relief achieved by sitting down. He also complained of pain, swelling and locking of right knee which required an unweighting brace. He has recurrent abdominal pain and constipation. According to most recent progress notes from secondary treating provider (orthopedic surgeon) dated 3/11/14, continued complaints of right knee pain, moderate to severe in nature, constant, and occurs nocturnally. The injured worker can ambulate approximately 1 mile with knee brace. Treating/Referral Provider Findings: Examination completed by primary treating provider on 5/24/13 revealed tenderness over the left iliolumbar angle and left sciatic notch with radicular pain down his left leg to his posterior knee. At 10/25/13 appointment with primary treating provider, the injured worker was noted to have seen the specialist twice for a diagnosis of chondromalacia, medial compartment, right knee and fitting with an unweighting brace. He was also sent to a knee specialist who felt that a total joint replacement of the right knee was not needed. Orthopedic surgeon's examination of right knee completed on 3/11/14 revealed, mild swelling, healed arthroscopy portal scars, flexion 120 degrees, mild crepitus upon range of motion, knee strength within normal limits, and moderate tenderness to palpation of the medial and lateral joint lines. Patellar apprehension, McMurray's, Lachman's, posterior drawer, valgus

and varus stress testing was all negative. Conservative treatment with results: According to the 5/24/13 progress notes, the injured worker was seen by the specialist twice before returning to primary treating provider's office and he had received an unweighting brace for his right knee taking the weight off of the medical compartment. Treatment plan consisted of follow up with specialist, continue to wear brace for right lower extremity, consult for stomach complaints and follow up with primary treating provider in 3 months for re-evaluation. The injured worker's work status was temporary total disability. At 10/25/13 appointment with primary treating provider, it was noted that Synvisc injections for the right knee was requested and denied by the carrier twice. Treatment plan included brace, follow up with psych, appointment needed for constipation. The injured worker remains permanent and stationary and should follow up with primary treating provider in three months. Refills of medications were prescribed, which included chondrolite, omeprazole, medrox ointment and narcosoft. Per primary treating provider's progress notes dated 1/15/14, no change in treatment plan. According to 3/11/14 progress notes from the secondary treating provider (orthopedic surgeon), the injured worker takes Advil with mild relief of right knee pain, acupuncture was authorized however, Synvisc was denied previously. According to the patient, he received viscosupplementation in 2009 which did help him significantly for about six months. Right knee cortisone injection was given at this visit. Treatment plan included to follow up in 4-6 weeks, home exercise program and continued knee unloader brace for standing and walking. Diagnostics: MRI of lumbar spine completed on 10/5/12 revealed, 4mm disc herniation at L4-5 on the left side. X-rays of right knee completed on 9/10/13 revealed, mild degenerative changes in all 3 compartments with mild osteophyte formation; medial compartment cartilage interval measures approximately 4.5mm on standing AP and standing tunnel views. Previous right knee x rays completed on 8/3/12 showed moderate degenerative changes including decreased medial compartment cartilage interval and mild osteophyte formation. Medial cartilage interval measured 3.9mm and lateral compartment measured 6.8mm. Alignment was varus. There were mild degenerative changes in the patellofemoral joint. Diagnoses: s/p video arthroscopy, right knee x 2 with chondromalacia of the medial compartment requiring an unweighting brace, herniated disc, L4-5, L5-S1 with left sciatica to the calf in a L5 root dermatome, GI complaints with recurrent constipation and depression; Right knee arthrosis, mild to moderate Disputed Service(s): Retrospective Review for Ultracin (capsaicin/methyl salicylate/menthol) and Cidaflex (chondroitin/glucosamine), dosage, quantity and duration not indicated, dispensed on 4/16/14. Ultracin is not consistent with MTUS as any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. No documentation provided to denote patient intolerant to other treatment regimens. MTUS recommends Cidaflex as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. An RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification. The Glucosamine Chondroitin Arthritis Intervention Trial funded by the [REDACTED] concluded that glucosamine hydrochloride and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate to severe knee pain. Treatment on grade 2 knees (less severe osteoarthritis) showed a trend toward improvement relative to placebo group. The request for Cidaflex does meet MTUS. The claimant has complaints of moderate knee pain, has a diagnosis of mild-moderate knee arthrosis, and x ray reveals degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS: 4/16/2014 Ultracin (duration and frequency unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: This is requests for Ultracin (capsaicin/methyl salicylate/menthol). Dosage, quantity and duration were not indicated. Ultracin is not consistent with MTUS as any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. No documentation provided to denote patient intolerant to other treatment regimens. Therefore this request is not reasonable and is not medically necessary.

Retro DOS: 4/16/2014 Cidaflex (duration and frequency unknown):

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

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

Decision rationale: MTUS recommends Cidaflex as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. An RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification. The Glucosamine Chondroitin Arthritis Intervention Trial funded by the ██████████ concluded that glucosamine hydrochloride and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate to severe knee pain. Treatment on grade 2 knees (less severe osteoarthritis) showed a trend toward improvement relative to placebo group. The request is not reasonable as Dosage, quantity and duration were not indicated. Therefore, Retro DOS: 4/16/2014 Cidaflex (duration and frequency unknown) is not medically necessary and appropriate.