

<b>Case Number:</b>	CM14-0203823		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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:

Patient had a date of injury on 9/4/2013. On recent exam it is noted that the patient has complaints of low back and bilateral knee pain. The exam revealed tenderness decreased range of motion and decreased reflexes in the lumbar spine. The exam of the left knee revealed swelling tenderness and decreased ROM and strength. The exam of the right knee revealed tenderness. Diagnosis includes: left knee sprain, medial meniscus tear s/p surgery left, and right knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sprix Nasal Spray 15.75mg #40:** 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)

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

**Decision rationale:** According to guidelines Sprix has been approved for short term management of moderate to moderately severe pain. It should not exceed usage past 5 days. It is not recommended as first line treatment. According to the medical records there is no

documentation of the patient needing this medication or if other treatment options have been tried. The request for Sprix Nasal Spray is not medically necessary.

**Norco 10/325mg, #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): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of Opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage. Therefore, request for Norco is not medically necessary.

**Cartivisc 500/200/150mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to guidelines Chondroitin and Glucosamine are recommended as an option for patients with moderate arthritis pain especially for knee arthritis. According to the medical records there is no indication as to why this medication is needed. The request for Cartivisc is not medically necessary.