MAXIMUS Federal Services

Case Number:	CM15-0212748		
Date Assigned:	11/02/2015	Date of Injury:	03/13/1998
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 77 year old male, who sustained an industrial injury on 3-13-98. Medical records indicate that the injured worker is undergoing treatment for chronic lumbar intervertebral disc displacement, lumbar radiculopathy, knee pain, chronic slow transit constipation, insomnia and medication-induced gastritis. The injured workers current work status was not identified. On (9-25-15) the injured worker complained of worsening back pain with new neurological signs of radiculopathy in the left leg. The injured worker also noted increased left knee pain. The pain makes the injured workers regular exercise regime difficult. The pain also interferes with his sleep and activities of daily living. The injured worker is taking Celebrex, Glucosamine Chondroitin and Tylenol with codeine #3 regularly without adequate relief. The injured worker was noted to have constipating effects from the narcotic medications. The current laxative and cathartic medications have been found to be completely ineffective in relieving the constipation. Treatment and evaluation to date has included medications, MRI, physical therapy, chiropractic treatments, acupuncture treatments, home exercise program and a right and left total knee arthroplasty. Current medications include Celebrex, Tylenol with codeine and Glucosamine Chondroitin (since at least May of 2015). The Request for Authorization dated 9-28-15 included a request for Movantik 25mg # 30 and Glucosamine 500-Chomdroitin 400-MSM 167 # 180. The Utilization Review documentation dated 10-8-15 non-certified the requests for Movantik 25mg # 30 and Glucosamine 500-Chomdroitin 400-MSM 167 # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 25 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, opioid induced constipation treatment.

Decision rationale: CA MTUS/ACOEM is silent on the issue of stool softeners. According to the ODG Pain section, opioid induced constipation treatment, "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated." In this case the prior utilization review from 10/8/15 has determined that opioids is not appropriate. Also in this case there is no evidence of failure of a first line agent such as docusate or senna. Therefore the use of docusate in this case is not medically necessary.

Glucosamine 500/ Chondroitin 400-MSM 167 Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, doubleblind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification." In this case there is lack of evidence of knee osteoarthritis from the exam note of 9/25/15 demonstrating knee osteoarthritis. Therefore the request is not medically necessary.