

Case Number:	CM14-0012580		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2007
Decision Date:	07/23/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 patient is a 67-year-old male who has submitted a claim for right knee strain associated with an industrial injury date of August 1, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral knee pain. Physical examination revealed slight tenderness of the right medial knee, patellar region, and lateral knee with decreased range of motion bilaterally. Examination of the left knee revealed mild tenderness over the peripatellar region with slight swelling. Gait was normal. Treatment to date has included home exercises, stretching, ice as needed, and medications, which include Exoten lotion, Cidaflex, Ambien 10mg, and Diclofenac 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CIDAFLEX (GLUCOSAMINE) 550MG WITH CHONDROITIN 400MG: Upheld

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

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

Decision rationale: Cidaflex is a brand name for chondroitin and glucosamine. As stated on page 50 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine and chondroitin sulfate is recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis. In this case, records show that the patient has been on Cidaflex since August 2013 but the exact date of initiation is not known. The patient was diagnosed with right knee strain and the medical records provided did not have any documentation of knee osteoarthritis for which Cidaflex is recommended. In addition, the request did not quantify the number of medication to be dispensed. Furthermore, the previous UR already approved Cidaflex (Glucosamine) 500mg with Chondroitin 400mg #90. Therefore, the request for Cidaflex (glucosamine) 550mg with chondroitin 400mg is not medically necessary.

NORCO 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-going Management Page(s): 76-81.

Decision rationale: According to pages 75-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Norco is under short-acting opioids, and is recommended for moderate to severe pain when acetaminophen, aspirin, and NSAIDs fail to provide pain relief. It is often used for intermittent or breakthrough pain. Opioids should be prescribed at the lowest possible dose which improves pain and function. In this case, the patient has not been noted to take Norco previously. The patient has been taking diclofenac for pain relief and progress reports show that the patient reported that the medication has been helpful. Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Also, treatment guidelines state that prior to initiating a therapeutic trial of opioids, there is a need to attempt to determine if the pain is nociceptive or neuropathic, and if there are underlying contributing psychological issues; however, none were submitted in the records for review. Also, baseline pain and functional assessment should be made including social, physical, psychological, daily and work activities and this should be performed using a validated instrument or numerical rating scale; however, there was none included to justify the use of this medication. Medical necessity has not been established.