

Case Number:	CM15-0046629		
Date Assigned:	03/18/2015	Date of Injury:	09/28/2012
Decision Date:	04/23/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for chronic knee, low back, and ankle pain reportedly associated with an industrial injury of September 20, 2012. In Utilization Review Reports dated March 11, 2015, the claims administrator failed to approve requests for glucosamine (Cartivisc) and Ultram. The applicant's attorney subsequently appealed. In a January 22, 2015 progress note, the applicant reported ongoing issues with foot and ankle pain. The applicant had a history of earlier fifth metatarsal fracture, Lisfranc fracture, ankle instability, and sural nerve entrapment; it was acknowledged, following an industrial crush injury. A topical ketoprofen containing cream and special shoes were recommended, along with MRI imaging of the foot and ankle. The applicant's work status was not detailed. In a September 24, 2014 progress note, the applicant reported ongoing complaints of low back pain, knee pain, foot pain, and ankle pain. The applicant was given work restrictions of sedentary work only. It was explicitly stated that the applicant was not working with said limitations in place. Highly variable 4-8/10 pain was noted. The applicant was having difficulty standing and walking, it was stated in one section of the note, while the attending provider went on to document a normal gait in the objective section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200mg/ 150mg, #60: 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 (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: No, the request for Cartivisc (glucosamine) was not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine (Cartivisc) is recommended as an option in applicants with pain associated with arthritis and, in particular, with that associated with knee arthritis, in this case, however, the attending provider did not explicitly state that one of the applicant's operating diagnoses was foot, ankle, knee, or leg arthritis. Rather, it appeared that the applicant's primary pain generators were traumatic injuries of the foot and/or chronic low back pain. Therefore, the request was not medically necessary.

Ultram 50mg, #90, 2 refills: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work. The applicant was having difficulty performing activities of daily living as basic as standing and walking. Pain complaints about 8/10 were reported, despite ongoing tramadol (Ultram) usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.