

Case Number:	CM13-0004531		
Date Assigned:	03/03/2014	Date of Injury:	07/21/1997
Decision Date:	04/11/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/29/2013

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:

According to the records made available for review, this is a 60-year-old female with a 7/21/97 date of injury. At the time (6/26/13) of request for authorization for 1 prescription of Glucosamine Complex Tablet 1500-400-100mg unit #60 between 6/26/2013 AND 8/27/2013, there is documentation of subjective (bilateral feet pain) and objective (painful range of motion in the feet, tenderness to palpation over the metatarsophalangeal joint of the 1st toe and 2nd toe, heel, mid foot, and tops of feet) findings, current diagnoses (pain in joint, lower leg), and treatment to date (medications (including Glucosamine Complex t since at least 12/12/12). Discussion identifies that the patient states that the medications are working well. There is no documentation of moderate arthritis pain of the knee and functional benefit or improvement as a reduction in work restrictions and an increase in activity tolerance as a result of Glucosamine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF GLUCOSAMINE COMPLEX TABLET 1500-400-100MG UNIT#60 BETWEEN 6/26/2013 AND 8/27/2013: 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: MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of pain in joint, lower leg. In addition, there is documentation of records reflective prescriptions for Glucosamine Complex since at least 12/12/12. However, there is no documentation of moderate arthritis pain of the knee. In addition, despite documentation that the medications are working well, there is no documentation of functional benefit or improvement as a reduction in work restrictions and an increase in activity tolerance as a result of Glucosamine use to date.. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Glucosamine Complex Tablet 1500-400-100mg unit #60 between 6/26/2013 and 8/27/2013 is not medically necessary.