

Case Number:	CM13-0009657		
Date Assigned:	12/11/2013	Date of Injury:	04/21/1995
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. 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 physician 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 66-year old female who complains of persistent lower back pain. Date of injury was December 8, 1982. Injury occurred when she was leaning over and developed severe back and right thigh pain. The patient was diagnosed with lumbar disc disease. She underwent laminectomy on March 25, 1996. Treatment included home exercise, work modifications, and medications. Request for authorization for glucosamine 500, # 90 was submitted on October 24, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Glucosamine 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, (Glucosamine and Chondroitin), Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Glucosamine.

Decision rationale: Glucosamine is 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 sulfate (GS) on all outcomes, including

joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. Studies show improvement in osteoarthritis of the knee. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. The patient is not suffering from osteoarthritis. There is no evidence of efficacy in the treatment of lumbar disc disease mentioned in the Chronic Pain Medical Treatment Guidelines. The glucosamine is not recommended in this case.