

Case Number:	CM13-0015846		
Date Assigned:	05/07/2014	Date of Injury:	05/29/2012
Decision Date:	06/05/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiology 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:

This is a 49-year-old male with a date of injury of 05/29/2012. This patient's diagnoses include right and left shoulder impingement syndrome, right and left shoulder sprain/strain, left elbow sprain/strain, right and left carpal tunnel syndrome, right and left wrist sprain/strain, cervical radiculopathy vs. peripheral neuropathy, loss of sleep, anxiety and depression. On 07/12/2013 documentation of subjective complaints include severe left and right shoulder pain and stiffness, mild dull bilateral elbow pain and constant, severe, sharp bilateral wrist pain with decreased range of motion in bilateral upper extremities. On 07/12/2013 there is documentation of a Glucosamine Sulfate prescription for pain and inflammation. This was prescribed along with topical terocin, Flurbiprofen (NAP) cream - LA 180 grams, Gabacyclotram 180 grams, Norco 10/325 mg #120, Valium 10 mg #60 and Naproxen 550 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE SULFATE 500 MG #90: Upheld

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

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

Decision rationale: This request is for Glucosamine Sulfate (GS) 500 mg #90. According to California MTUS guidelines Glucosamine is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. The California MTUS is silent on treatment of upper extremity pain with GS. The ODG makes no mention of the efficacy of GS for shoulder, elbow or wrist pain. This patient has not been diagnosed with arthritis or knee osteoarthritis. Even in patients with arthritis, there are mixed results with regard to efficacy of symptomatic improvement. For these reasons the above listed issue is considered to be not medically necessary.