MAXIMUS Federal Services

Case Number:	CM13-0022581		
Date Assigned:	12/11/2013	Date of Injury:	01/30/2002
Decision Date:	02/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal 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 claimant is a 60 year old man who sustained an injury on 01/30/2002. The mechanism of injury was not provided. His diagnoses include chronic low back pain, wrist pain, and depression/anxiety. He is status post L4-S1 hemilaminectomies with discectomies, status post reexploration, L4-L5 with medical facectomy, foraminotomy, and discectomy. On exam he has lumbar radicular pain with radiculopathy invloving the right S1 distribution and right L5 distribution. His treatment includes medical therapy and a home exercise program. His treating provider has requested continued treatment with Glucosamine Sulfate (Synovacin) 500mg caps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Glucosamine Sulfate (Synovacin) 500 mg caps: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: There is no documentation provided necessitating continued treatment with Glucosamine Sulfate therapy. This therapy is recommended as an option in patients with moderate arthritis especially involving the knees. The

claimant has primarily back related issues. There is no documentation that to date the medication has improved his symptoms. Per the reviewed medical records his complaints of radicular back pain have remained and objective findings on exam are essentially unchanged with Glucosamine therapy. There is no specific documentation indicating that Glucosamine Sulfate has resulted in any improvement of the claimant's symptomatology. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.