

<b>Case Number:</b>	CM13-0023287		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine and Rehabilitation 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 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.

### 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 43-year-old female who reported injury on 05/18/2010. The mechanism of injury was not provided. The patient was noted to have prior treatments of physical therapy, acupuncture, chiropractic care, epidural steroid injections, FRP and medications. The patient was noted to undergo a left knee arthroscopy with partial meniscectomy in late 2009. The patient was noted to have complaints of knee pain and low back pain. The patient's pain was noted to be an 8/10 on the VAS. The patient was noted to have continued low back pain with numbness and tingling in the bilateral lower extremities. The patient was noted to have bilateral knee pain with left greater than right. The patient was noted to utilize medications with benefit and improved function. The patient was noted to utilize Sentra PM to help with sleeplessness and utilize ketamine cream to decrease the swelling and pain and to allow for greater range of motion. The glucosamine was noted to relieve tightness in the bilateral knees improving the range of motion. The patient was note to be tolerating the medications without much side effects. The patient's diagnosis was noted to be pain in joint. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovacin-glucosamine Sulf. 500mg #90:** 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 Sulfate Page(s): 50.

**Decision rationale:** California MTUS Guidelines recommend Synovacin (glucosamine sulfate) is recommended as an option in patients with moderate arthritis pain especially for knee osteoarthritis. The patient was noted to utilize glucosamine to relieve tightness in the bilateral knees and improve range of motion. However, there is a lack of documentation indicating the necessity for 90 tablets and indicating the patient had knee osteoarthritis which is an indication for the medication. The documentation failed to include the objective functional benefit received from the medication. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Synovacin-glucosamine sulfate 500 mg #90 is not medically necessary.

**Sentra PM Medical Food #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Sentra PM.

**Decision rationale:** Official Disability Guidelines indicate that Sentra PM is intended for the use in management of sleep disorders associated with depression. The clinical documentation submitted for review indicated that Sentra PM helped with the patient's sleeplessness. It failed to provide objective functional benefit. The clinical documentation failed to indicate that the patient had signs, symptoms or associated depression, which is an indication for usage. Given the above, and the lack of documentation, the request for Sentra PM medical food #60 is not medically necessary.