

Case Number:	CM13-0029771		
Date Assigned:	11/01/2013	Date of Injury:	08/19/2012
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Pulmonary Diseases, 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:

The patient is a 60-year-old female who reported an injury on 8/19/12 due to a fall. The patient's treatment history included medications, physical therapy, and acupuncture. The patient's most recent clinical evaluation documented that the patient had improvement of the shoulders and neck with acupuncture. It was noted that the patient's triggering of the long/ring fingers of the left hand had resolved. Physical findings included limited range of motion of the cervical spine with tenderness over the right scapular and medial angle of the right scapula. The patient's diagnoses included cervical trapezial sprain resolving, and trigger fingers of the left long/ring fingers resolved. The patient's treatment recommendations included continuation of medications to include Condrolite and Tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

CONDROLITE 500/200/150MG: Upheld

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

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

Decision rationale: The requested Condrolite 500/200/150mg is not medically necessary or appropriate. This is a compounded medication containing glucosamine sulfate, chondroitin sulfate, and methylsulfonylmethane. The California MTUS recommends the use of glucosamine sulfate and chondroitin sulfate in the management of moderate arthritic pain, especially related to the knees. The clinical documentation submitted for review did not provide any evidence that the patient has any moderate to severe arthritic related pain. Additionally, the request as it is written does not clearly identify a frequency or duration of the requested medication for treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Condrolite is not medically necessary or appropriate.