MAXIMUS Federal Services

Case Number:	CM13-0045376		
Date Assigned:	12/27/2013	Date of Injury:	02/22/2001
Decision Date:	06/16/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 General Surgery and is licensed to practice in Texas. 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 57-year-old male claimant who developed chronic low back pain following an industrial injury on 2/22/2001. The claimant stated that he bent over to pick up a box when he experienced a pulling sensation in his lower back and pain. The office notes of 5/23/2013 documents no objective neurologic deficits and prescription is mention for Cidaflex (sic) which is a chondroitin preparation. Then the 8/1/2013 note refers to Condrolite as a chondroitin and glucosamine preparation that allegedly prevents the progression of osteoarthritis. The office note states the Straight Leg Raise(SLR)was positive but commonly accepted documentation convention would note right versus left and the degrees of angulations at which SLR test becomes positive. Condrolite is noted by the manufacturer, [redacted] as a nutritional supplement that consists of a combination of glucosamine, chondroitin and Methylesulfonylmethane/MSM. There was a request for condrolite nutritional supplement.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR CONDROLITE WITH A DATE OF SERVICE OF 8/1/2013: 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, 111, 121-122.

Decision rationale: Condrolite is a combination of glucosamine, chondroitin and Methylesulfonylmethane/MSM. It is sold as a nutritional supplement and taken orally for the treatment of arthritis. The CA MTUS does not support the use of chondroitin for the treatment of low back pain. There are no randomized clinical trials to support the use of chondroitin for the treatment of low back pain. The nutritional supplement is not medically necessary nor in accordance with the MTUS. As such, the request is not certified.