

Case Number:	CM13-0057259		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2007
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 67 year old male who was injured on 8/01/2007. The mechanism of injury is unknown. Prior treatment history has included the following medications: 1. Exoten 2. Cidaflex 3. Ambien 4. Diclofenac The patient also had home exercising and stretching exercises as tolerated. It is unknown if any surgical intervention or procedures were performed as it was not submitted for review. Diagnostic studies were not submitted for review. Progress note dated 10/29/2013 documented the patient to have complaints of right knee pain and left knee pain due to guarding the right knee. He denies any new injury. Objective findings on exam reveal right knee examination shows slight tenderness on palpation over the medial knee and patellar region as well as the lateral knee. AROM (active) extension is 0 degrees bilaterally and flexion 120 on the right and 150 degrees on the left. The left knee exam reveals palpation shows slight tenderness over the peripatellar region. There is slight swelling of the knee as well. AROM (active) extension is 0 degrees bilaterally and flexion 110 on the right and 150 degrees on the left. Diagnosis: Right knee strain with contusion and residual ongoing pain. Recommendation: 1. Continue Exoten, Cidaflex, Ambien, Diclofenac and home exercising and stretching. He is instructed to apply ice to the affected areas as needed for anti-inflammatory purpose. He is to follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CIDAFLEX (GLUCOSAMINE) 500MG WITH CONDROITIN 400MG: Overturned

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

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

Decision rationale: CA MTUS Detail Glucosamine (and Chondroitin Sulfate): Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007) A randomized, double blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. (Reginster, 2001) Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification. (Pavelka, 2002) The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. [Note: The GAIT investigators did not use glucosamine sulfate (GS).] (Distler, 2006) Exploratory analyses suggest that the combination of glucosamine and chondroitin sulfate may be effective in the subgroup of patients with moderate-to-severe knee pain. (Clegg, 2006) In a recent meta-analysis, the authors found that the apparent benefits of chondroitin were largely confined to studies of poor methodological quality, such as those with small patient numbers or ones with unclear concealment of allocation. When the analysis was limited to the three best-designed studies with the largest sample sizes (40% of all patients), chondroitin offered virtually no relief from joint pain. While not particularly effective, chondroitin use did not appear to be harmful either, according to a meta-analysis of 12 of the studies. (Reichenbach, 2007) Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Differences in results originate from the differences in products, study design and study populations. Symptomatic efficacy described in multiple studies performed with glucosamine sulphate (GS) support continued consideration in the OA therapeutic armamentarium. Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets. (Reginster, 2007) [Note: DONAâ¿ Glucosamine Sulfate is the original crysta