

<b>Case Number:</b>	CM13-0059529		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/08/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 69 year old female injured on 05/08/03 when she was knocked down by a student resulting in pain to the back, right hand/wrist, headaches, and eyes. Specific injury sustained was not discussed in the clinical documentation provided. Current diagnoses included headaches post-traumatic, right wrist fracture, lumbar strain with facet joints symptoms, lumbar discopathy with disc herniations, and right sided sciatica. Clinical note dated 10/11/13 indicated the patient had no recent headaches and had periodic lumbar spine and lower extremities flare ups of pain. The patient participated in regular exercise program with utilization of exercise bicycle. The patient was noted to take Tramadol and Glucosamine/Chondroitin. The patient was currently not attending formal therapy. Physical examination revealed paraspinal tenderness of the lumbar spine, very mild right sided sciatica, intact hip and knee range of motion, area of tenderness to the low back, mild loss of range of motion, almost no extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 CARTIVISC 500/200/150MG:** 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 (And Chondroitin Sulfate) Page(s): 50-51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on pages 50-51 state the following regarding glucosamine: "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)". In the case of this injured worker, a progress note on date of service October 11, 2013 indicates that the patient is taking Tramadol and Glucosamine/Chondroitin for low back pain. Glucosamine/Chondroitin is indicated for knee osteoarthritis primarily. There is no indication of positive studies of low back pain, and guidelines do not provide any evidence for this indication. Therefore the request is not medically necessary and appropriate.