

Case Number:	CM13-0069054		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2003
Decision Date:	04/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 40 year old female presenting with back pain and leg pain following a work related injury on 5/08/2003. On 11/22/2013, the claimant complained of severe low back pain rated a 7/10, sharp, stabbing and shooting, frequent moderate left foot and leg pain rated a 3 and described as sharp, radiating, numbing and tingling. The claimant also reported frequent moderate upper back aches rated a 3 and described as soreness and tightness. The physical exam was significant for reduced and painful lumbar motion, muscle tenderness, weakness of the iliopsoas, symmetric reflexes and positive orthopedic tests. A claim was made for Synovacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNOVACIN 500MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine/Chondroitin Section Page(s): 47.

Decision rationale: Synovacin is a brand name for the nutritional supplement Glucosamine. Synovacin is not medically necessary. Synovacin is 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. The provider prescribed Synovacin for claimant's chronic back and leg pain which are not associated with osteoarthritis. Additionally the provider recommended Synovacin to help the claimant reduce her current medication. Therefore, the requested therapy is not medically necessary.