

Case Number:	CM13-0071042		
Date Assigned:	01/08/2014	Date of Injury:	06/25/2007
Decision Date:	06/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 an employee of [REDACTED] and has submitted a claim for pelvic and thigh internal derangement, cervical and lumbar intervertebral disc disorder with myelopathy, lumbar post laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, and neck sprain associated with an industrial injury date of June 25, 2007. Treatment to date has included oral and topical analgesics, muscle relaxants, medical marijuana, cervical and lumbar epidural steroid injections, and a home exercise program. Medical records from 2013 were reviewed, which showed cervical and low back pain with radicular symptoms to the left arm and lower extremities, respectively. Physical examination revealed tenderness to the bilateral posterior cervical and lumbar musculature with increased rigidity and numerous trigger points, significant limitation of motion of the lumbar spine, positive straight leg raise at 30 degrees performed in modified sitting position, and decreased sensation along the posterior lateral thigh and calf at the L4-5 distribution and the posterolateral arm and forearm at the C5-6 distribution. There was also cervical pain with radicular symptoms to the left medial scapula with extension and ipsilateral bending to the left, indicative of foraminal stenosis. The patient has been taking Synovacin as far back as October 2013 for significant degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 SYNOVACIN 500MG: 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 Page(s): 50.

Decision rationale: Synovacin is a propriety name for glucosamine sulfate. Page 50 of the California MTUS Chronic Pain Medical Treatment Guidelines states that glucosamine is recommended as an option given its low risk for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. In this case, patient does not have knee osteoarthritis or osteoarthritis of painful body parts that would necessitate use of this supplement. As such, the request is not medically necessary.