

Case Number:	CM14-0009930		
Date Assigned:	02/21/2014	Date of Injury:	03/31/2008
Decision Date:	07/18/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal 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:

Patient is an injured worker with the diagnoses: pain in joint shoulder; sprains and strains of neck; sprain strain lumbar region; degeneration cervical disc. Date of injury was 03-31-2008. Visit Note dated Jan 27, 2014 provided a progress report. Subjective complaints: Patient presents for follow-up of neck, back, and left shoulder pain. She continues to have pain in the neck and left shoulder. Objective findings: The patient is well-developed, well-nourished, and in no cardiorespiratory distress. She is alert and oriented x 3. The patient ambulates to the examination room without assistance. Tenderness to palpation in the left neck, trapezius, and shoulder musculature. Decreased range of motion in the cervical spine with 30 degrees of flexion, 10 degrees of extension, 15 degrees of rotation to the left, and 20 degrees of rotation to the right. Decreased range of motion in the left shoulder with 120 degrees of flexion and abduction. Diagnosis: pain in joint shoulder; sprains and strains of neck; sprain strain lumbar region; degeneration cervical disc. Utilization review dated 01-17-2014 recommended non-certification of the request Synovacin glucosamine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNOVACIN-GLUCOSAMINE SULFATE 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), ODG Pain (Chronic), Glucosamine (and Chondroitin Sulfate), <http://www.Guideline.gov>., Bibliographic Source: Colorado Division of Workers' Compensation. Chronic pain disorder medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2011 Dec 27. 110 p.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Glucosamine (and Chondroitin Sulfate). Glucosamine is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Official Disability (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) states that Glucosamine is not recommended for low back pain. Glucosamine is not significantly different from placebo for reducing pain-related disability or improving health-related quality of life in patients with chronic low back pain (LBP) and degenerative lumbar osteoarthritis, and it should not be recommended for patients with lower back pain. Official Disability (ODG) Pain (Chronic) states that regarding Glucosamine: Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Recent research demonstrates the benefit of glucosamine with or without chondroitin remains unclear. Glucosamine and/or chondroitin may not be helpful for patients with osteoarthritis of the hip or knee, according to the results of a recent meta-analysis in BMJ. Guideline.gov guideline title: Chronic pain disorder medical treatment guidelines. Bibliographic Source: Colorado Division of Workers' Compensation. Chronic pain disorder medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2011 Dec 27. 110 p: "There is good evidence that glucosamine does not improve pain related disability in those with chronic low back pain and degenerative changes on radiologic studies; therefore, it is not recommended for chronic spinal or non-joint pain. For chronic pain related to joint osteoarthritis see specific extremity guidelines." Synovacin is brand of glucosamine sulfate. Medical records document patient's diagnoses: pain in joint shoulder; sprains and strains of neck; sprain strain lumbar region; degeneration cervical disc. Date of injury was 03-31-2008. MTUS, ODG, and clinical guidelines states that Glucosamine is not recommended for chronic spinal or non-joint pain. Glucosamine is an option for joint osteoarthritis. No diagnosis of joint osteoarthritis is documented in the medical records. For the patient's diagnoses, clinical guidelines do not support the medical necessity of Synovacin glucosamine sulfate. Therefore, the request for SYNOVACIN-GLUCOSAMINE SULFATE 500MG is Not medically necessary.