

<b>Case Number:</b>	CM14-0101221		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Family Medicine and is licensed to practice New Jersey. 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 injured worker is a 54-year-old female who was injured on 7/25/11. She was later diagnosed with left knee internal derangement, right knee internal derangement and right shoulder tendinitis. She was treated with surgery (left knee). On 1/9/14, she was seen by her treating physician reporting that she had taken all of the Synovacin (prior to which she must have been given to her as a trial). The injured worker also reported that her right knee was getting worse and that she was using over the counter medications occasionally for this. The injured worker reported pain in her knees rated at 8/10 on the pain scale. No report on how the Synovacin affected her pain or overall function was mentioned in the note. It was mentioned in the progress note from that date that she was pending her left knee replacement surgery. The injured worker was then recommended she get a second opinion from an orthopedic surgeon on her conditions and recommended she continue taking Synovacin for her degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovacin 500 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

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

**Decision rationale:** Synovacin is glucosamine. The CA MTUS Chronic Pain Guidelines state that glucosamine is recommended as an option in patients with moderate osteoarthritis pain, especially knee arthritis. In the case of this worker, she had used this medication for an undisclosed duration of time leading up to the request for a refill, but with no documentation which reported her response to its use as far as her functional or pain-relief benefits. Without this evidence, continuation cannot be justified. Therefore, the request for Synovacin 500mg #90 is not medically necessary.