

Case Number:	CM14-0012861		
Date Assigned:	03/07/2014	Date of Injury:	07/31/2011
Decision Date:	04/23/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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 New York. 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 presented with a date of injury of 7/31/11. The patient was seen by their primary treating physician on 12/16/13 for follow up of low back and leg pain. The patient is status post epidural injections times 2 in 2012 with some relief. The patient was taking Nabumetone, Omeprazole, Glucosamine Sulfate and Gabapentin which provided 'some relief'. Physical exam showed muscle strength of 5/5 in the lower extremities. Diagnostic impression was low back and left leg pain with numbness in her left leg with L4-5 and L5-S1 disc protrusion with negative electrodiagnostic testing and difficulty with adjustment to pain and disability. The patient was to continue medications and Glucosamine is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE SULFATE 500MG, TWO TABLETS TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines Glucosamine 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. In this case the injured worker complaint is for back and radiating leg pain and not knee osteoarthritis. The records do not substantiate the medical necessity of Glucosamine. The request for Glucosamine Sulfate 500 mg, two tablets twice a day is not medically necessary and appropriate.