

Case Number:	CM14-0120242		
Date Assigned:	08/06/2014	Date of Injury:	04/03/2007
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine & Rehabilitation 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 a 43-year-old male who has submitted a claim for cervical and lumbar sprain associated with an industrial injury date of 04/03/2007. Medical records from 2014 were reviewed. The patient complains of right shoulder pain with radiation to the right side of the neck. Pain is rated at 7-8 out of 10. Patient complains of headaches associated with the pain. Physical examination reveals cervical stiffness and tightness. Trigger areas in the cervical paravertebral and trapezius muscles are noted. Slight indentation of the subscapularis muscles on the right side was also observed. Treatment to date has included oral medications, opioid analgesics, acupuncture and surgery. Utilization review from 07/11/2014 denied the request for Glucosamine/Chondroitin 400mg #30 because the guidelines recommend the option of this medication in patients with moderate arthritis pain, especially for knee osteoarthritis. There are no records provided indicating the diagnosis for which Glucosamine is specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine/Chondroitin 400mg #30: Upheld

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

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

Decision rationale: Page 50 of the CA MTUS Chronic Pain Medical Treatment Guidelines state 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, the patient was diagnosed with cervical and lumbar sprain. There is no documentation in the medical records of a diagnosis of osteoarthritis or knee osteoarthritis. The medical necessity cannot be established at this time. Therefore, the request for Glucosamine/Chondroitin 400mg #30 is not medically necessary and appropriate.