

Case Number:	CM14-0121024		
Date Assigned:	09/16/2014	Date of Injury:	07/23/2008
Decision Date:	11/26/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 47 year old male. The date of injury is 7/28/2008. The patient sustained an injury to neck, low back, ribs and right forearm. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the neck, knees, right elbow and bilateral ribs. The patient is maintained on the multimodal pain medication regimen including Synovacin. A request for Synovacin was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin, Generic (quantity and dose not stated) dispensed on 5/29/14: Upheld

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

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

Decision rationale: According to the medical treatment utilization treatment guidelines regarding use of glucosamine sulphate, it 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 (GH). However, the MTUS specifically cautions that, results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets. According to the documents available for review, the patient does not currently carry a diagnosis of osteoarthritis. Furthermore, a specific dose and quantity was not indicated in the request. Therefore, Synovacin, Generic (quantity and dose not stated) dispensed on 5/29/14 is not medically necessary and appropriate.