

Case Number:	CM14-0153803		
Date Assigned:	09/23/2014	Date of Injury:	03/20/1998
Decision Date:	11/25/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 56 year old female with a date of injury on 3/20/1998. The notes indicate the injured worker has chronic neck pain and had a cervical fusion procedure in 2013. She was seen by her surgeon in 6/14 who recommended a continued home exercise program. The injured worker had some ongoing neck and upper back pain. The computed tomography scan showed good take of her cervical fusion. She had also been under the care of a pain management physician who was treating her with multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 1000mg q hs #30: 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 rationale: The data indicates the injured worker continues to receive treatment for her chronic neck pain and is status post cervical fusion. Guidelines do support glucosamine in unique circumstances. As noted, it is recommended as an option given its low risk in injured workers 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. However, similar studies are lacking for glucosamine hydrochloride (GH). There is no evidence of significant arthritis and specifically knee arthritis. Given this, the request for the Glucosamine 1000mg q hs #30 is not supported and is not medically necessary.