

Case Number:	CM14-0155869		
Date Assigned:	09/25/2014	Date of Injury:	06/28/2001
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 in Ohio. 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 whose stated injury was June 28, 2001. She sustained a concussion type of injury but the exact details are lacking. Her diagnoses include lumbar sacral radiculitis, left knee ACL tear, anxiety, and degenerative disc disease of the cervical spine, right medial meniscus tear, carpal tunnel syndrome, lumbar spinal stenosis, and a prior ankle fracture. Her prior surgeries include a cervical fusion in 2003, right knee arthroscopy 2002, carpal tunnel syndrome surgery in 2005 and 2011, and an appendectomy. Her current complaints include neck pain, low back pain radiating to the lower extremities, upper extremity pain, bilateral wrist pain, and left knee pain. The physical exam reveals diminished range of motion cervical spine with facet region tenderness and spasm with tenderness to palpation of the paraspinal musculature. There is diminished lumbar range of motion, positive straight leg raise testing, and diminished sensation to the bilateral lower extremities. The physical exam is also consistent with carpal tunnel syndrome. A review of the records indicates that the injured worker has been taking glucosamine since at least April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin 50mg #90: Upheld

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

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

Decision rationale: 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. In this instance, there is no documentation provided to suggest that the injured worker has osteoarthritis of the knee. Therefore, Synovacin 50mg #90 is not medically necessary under the guidelines.