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| <b>Case Number:</b>   | CM14-0171579 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 12/28/1994 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 09/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2014 |

### 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 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:

Patient is a 61 year-old female with date of injury 12/26/1994. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/03/2014, lists subjective complaints as pain in the right shoulder and elbow. Objective findings: Examination of the right elbow revealed tenderness to palpation of the lateral condyle. The rest of the physical examination was reported as normal. Diagnosis: Orthopedic conditions. Medications: 1. MED Genecin 500mg, #120 SIG: 2 BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Genecin 500mg #120 2 bid:** Upheld

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

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

**Decision rationale:** Genecin is glucosamine sulfate. According to the MTUS, 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 (GH). There is no documentation that the patient is taking glucosamine sulfate for osteoarthritis. Other indications are not supported by the MTUS. Genecin 500mg #120 2 bid is not medically necessary.