

Case Number:	CM14-0031055		
Date Assigned:	04/30/2014	Date of Injury:	10/07/1993
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 59 year old male who was injured on 10/07/1993. Mechanism of injury is unknown. His diagnoses are chronic lumbar sprain/strain, lumbar degenerative joint and disc disease, and sciatica. Prior treatment history has included extensive medical and chiropractic treatment the past 19 years for his lower back condition and respiratory condition; however he states that spinal decompression, chiropractic manipulation and deep tissue massage have provided him the most significant relief of his low back pain and lower extremity radiculopathy. Progress note dated 04/16/2012 documented the patient with complaints of low back pain radiating pain down the right leg to knee after prolonged periods that is constant 7-8/10. Objective findings on examination of the lumbar spine revealed tenderness to palpation and spasm of the right paravertebral musculature and tenderness of the L2-L5 spinous process. Lasegue's test was positive bilaterally for radicular pain. Patrick, FABER test was positive bilaterally. The treating provider has requested Chondroitin Sulfate/Glucosamine 1200mg/1500mg # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHONDROITIN SULFATE/GLUCOSAMINE 1200MG/1500MG, #150: Upheld

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

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Glucosamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Glucosamine (and Chondroitin sulfate).

Decision rationale: According to the CA MTUS Guidelines, Glucosamine (and Chondroitin sulfate) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records do not document any objective functional improvement in these OTC medications and despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Differences in results originate from the differences in products, study design and study populations. Records document that the patient has low back pain with OS of the facets. Medical necessity for the requested item has not been established. The requested item is not medically necessary.