

<b>Case Number:</b>	CM14-0034287		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 who reported an injury on 07/15/2004. The mechanism of injury is unknown. The injured worker had complaints of bilateral upper extremity pain. The injured worker stated the pain is constant in bilateral upper extremities, more severe on the right. Physical examination on 05/30/2014 revealed bilateral wrists reveals decreased range of motion 20% with flexion and extension, and decreased by 15% with ulnar deviation. Tinel's was positive at the right but not on the left. Motor strength was decreased, 4/5 with bilateral hand grip. Electromyography study was done on 05/05/2014 which showed abnormal study of bilateral upper extremities. Left median mononeuropathy at the wrist, mild carpal tunnel syndrome. The medications being taken were ketamine cream, Lidoderm patch, Lunesta, Prilosec, hydrocodone/apap, gabapentin, bupropion Hcl, Lisinopril. The diagnoses were lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, insomnia due to mental disorder, carpal tunnel syndrome. The injured worker had carpal tunnel surgery done in the past and left shoulder arthroscopy. The treatment plan was to continue medications. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GLUCOSAMINE HCL 500MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The request for glucosamine HCL 500mg is non-certified. The California Medical Treatment Utilization Schedule recommends as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, the request does not state how this is taken, how many times daily and the quantity. The injured worker does not have a diagnosis of arthritis or osteoarthritis. The request is lacking directions and quantity. Therefore, the request is non-certified.