

<b>Case Number:</b>	CM14-0036587		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, knee, and low back pain reportedly associated with an industrial injury of February 7, 2012. The applicant, it is further noted, has alleged derivative complaints of psychological stress. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; left knee surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for glucosamine, stating that the applicant did not carry diagnosis of arthritis for which glucosamine would be indicated. In an earlier progress note of December 19, 2013, the applicant was placed off of work, on total temporary disability, from a mental health perspective. The applicant was described as using Neurontin, Zanaflex, Norco, Celebrex, Zestril, Klonopin, and Cymbalta, it was stated. The applicant was kept off of work from a mental health perspective on progress notes of March 27, 2014 and February 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine (Cidaflex) 500/400mg #90:** Overturned

**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 Chronic Pain Medical Treatment Guidelines indicate that glucosamine is recommended for the treatment of arthritis and, particularly, knee arthritis. In this case, the applicant does have a longstanding history of knee pain status post a knee arthroscopy on October 17, 2013. The applicant was described as having cartilaginous defects on a knee MRI of June 7, 2011, which presumably have been accelerated following knee surgery, implying that there likely is some arthritic component to the applicant's knee complaints. It is further noted that the attending provider has himself commented that he believed the applicant's primary current knee complaints are, in fact, a function of arthritis. Therefore, the request for glucosamine is medically necessary.