MAXIMUS Federal Services

Case Number:	CM14-0044958		
Date Assigned:	09/10/2014	Date of Injury:	01/08/2013
Decision Date:	10/06/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 56 year old employee with date of injury of 1/8/2013. Medical records indicate the patient is undergoing treatment for cervical spine discopathy, left shoulder impingement, lumbar sprain, upper extremity radiculitis, right shoulder impingement syndrome left medical/lateral epicondylitis, and left and right carpal tunnel syndrome. Subjective complaints include pain with cervical motion. The pain in her hand is dull, (most on the right), throbbing elbow and shooting pain from hand to elbow to shoulder. She describes "pressure" in the back of both hands. She says all fingers have numbness, stiffness, tingling and pins and needles sensation. Both arms are weak; particularly the right. Her left elbow and shoulder are stiff and she feels popping in the left shoulder. The pain is relieved by medication, muscle stimulator, brace, gentle exercise, stretching, hot bath or shower and rest. She received partial relief from physical therapy. Pain is aggravated by gripping, grasping, pushing, pulling, twisting, turning and using a keyboard or writing for greater than 10 minutes. She has pain after holding her arm to the side, leaning on elbow, fastening clothing, exposure to cold temperatures and driving. She cannot afford to stop working. Her medications help. Objective findings include cervical foraminal compression test was positive bilaterally. The patient missed to touch the chin to shoulders bilaterally. There is tenderness to palpation over paracervical spine and trapezius muscles, left greater than right and left interscapular muscles. There is pain and tenderness over medial and lateral epicondyles. Bilateral wrists have positive Tinel's. The lumbar spine: tenderness to palapation over bilateral paraspinals; positive bilateral seated leg raise; decreased L5 S1 sensation bilaterally with pain and limited ROM secondary to pain. Treatment has consisted of acupuncture, EMG on 7/12/2013, physical therapy, Trazodone, Condrolite, Ultracet, and Wellbutrin. Patient is waiting for authorization for carpal tunnel decompression. The

utilization review determination was rendered on 3/7/2014 recommending non-certification of Condrolite 500/200/150 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, MSM (methylsulfonylmethane) See CRPS, medications, DMSO

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, medications, DMSO and Medical Food Other Medical Treatment Guideline or Medical Evidence: http://enovachem.us.com/portfolio/condrolite/

Decision rationale: Condrolite consists of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM (methylsulfonylmethane) 150mg. 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. MSM contains DMSO. ODG states "Because long-term controlled studies have not been conducted, DMSO should be considered investigational and used only after other therapies have failed." The treating physician has not provided evidence of trial and failures of first line agents. In addition, Condrolite is considered a medical food. ODG states that a medical food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation". As such, the request for Condrolite 500/200/150 mg #90 is not medically necessary.