

Case Number:	CM14-0062219		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2012
Decision Date:	12/23/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation, 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:

According to the records made available for review, this is a 57-year-old female with a 3/9/12 date of injury. At the time (4/3/14) of Decision for Condrolite 500/200/150MG table (RQ), there is documentation of subjective (lumabr spine, left wrist, and left hip pain) and objective (decreased range of motion of the lumbar spine, tenderness to palpation over the paravertebral muscles, muscle spasm of the lumbar spine, positive Kemp's and straight leg raise tests, positive Phalen's test of the left wrist, and tenderness to palpation over the dorsal wrist, lateral wrist, medial wrist, volar wrist, and the anterior hip and lateral hip) findings, current diagnoses (lumbar disc displacement without myelopathy, lumbosacral neuritis, lumbar sprain, and hip/thigh sprain), and treatment to date (physical therapy and medications (including ongoing treatment with Tramadol)). There is no documentation of moderate arthritis pain of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg table (RQ): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, lumbosacral neuritis, lumbar sprain, and hip/thigh sprain. However, there is no documentation of moderate arthritis pain of the knee. Therefore, based on guidelines and a review of the evidence, the request for Condrolite 500/200/150MG table (RQ) is not medically necessary.