

Case Number:	CM14-0077227		
Date Assigned:	07/18/2014	Date of Injury:	05/18/2012
Decision Date:	09/24/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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:

Patient is a 43 year-old female with date of injury 05/18/2012. The medical document associated with the request for authorization, a primary treating physician's progress report dated 02/12/2014 lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was restricted in all planes due to pain. Sensory examination was within normal limits. Diagnosis: 1. Displacement of lumbar intervertebral disc without myelopathy; 2. Thoracic or lumbosacral neuritis or radiculitis; 3. Degeneration of lumbar or lumbosacral intervertebral disc; 4. Lumbar facet joint hypertrophy and 5. Insomnia. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 02/12/2014. Medications: 1. Condrolite (duration unknown and frequency unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Condrolite (duration unknown and frequency unknown) DOS: 03/12/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 50.

Decision rationale: According to the MTUS, Glucosamine is 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 (GH). These guidelines do not apply to this patient. The patient does not have the diagnosis of osteoarthritis in the knees. Therefore, this request is not medically necessary.