MAXIMUS Federal Services

| Case Number: | CM14-0080780 | | |
|---|---|---|---|
| Date Assigned: | 07/18/2014 | Date of Injury: | 11/08/2011 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

## 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, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with date of injury of 11/08/2011. The listed diagnoses per [redacted] dated 04/22/2014 are bilateral knee pain, bilateral knee internal derangement, bilateral knee sprain/strain, and knee meniscal tear. According to this report, the patient complains of bilateral knee pain. The patient's current lists of medications include Metformin 1000 mg, Zocor 10 mg, Glyburide, ProAir, Dulera, Diclofenac 100 mg, Tramadol 37.5/325 mg, and Hydrocodone 5/325 mg. The examination there is restricted and painful range of motion in the bilateral lower extremities. There is tenderness upon palpation of the medial joint lines of the knees bilaterally. Knee ranges of motion are normal bilaterally with no instability. Muscle reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffman signs are absent bilaterally. Muscle strength is 5/5 in all limbs. The utilization review denied the request on 05/20/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine Sulfate 500 mg #90 with 2 refills:** Upheld

**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:** This patient presents with bilateral knee pain. The provider is requesting Glucosamine Sulfate 500 mg quantity 90. The MTUS Guidelines page 50 on Glucosamine and Chondroitin Sulfate states that it is recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis. The records do not show that the patient has taken Glucosamine Sulfate in the past. The 118 pages of records do not show any recent MRI or X-Ray reports to verify if the patient has osteoarthritis of the knees. In this case, while the patient presents with bilateral knee pain, she does not have a diagnosis of osteoarthritis/arthritis of the knees. Therefore, the use of Glucosamine Sulfate is not medically necessary.