

Case Number:	CM14-0188532		
Date Assigned:	11/19/2014	Date of Injury:	05/20/2005
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice 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 injured worker is a 66 year old male claimant sustained a work injury on 5/2/04 involving the right shoulder, low back and both knees. He was diagnosed with right shoulder impingement, internal derangement of the knees, chronic low back pain and cervical degenerative disc disease. Previous MRI of the knee had shown medial and lateral right knee meniscal tears. A progress note on 9/3/14 indicated the claimant had cervical and lumbar spasms as well as tenderness in the right knee joint line. The McMurray's test was positive. The physician recommended a TENS unit, lumbar corset, Ultram ER, Neurontin and Genocin for leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for genocin (glucosamine) 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Glucosamine

Decision rationale: According to the guidelines, Glucosamine is recommended as an option for knee osteoarthritis. However, there is conflicting evidence on its use and the type of Glucosamine prescribed - Sulfate vs. hydrochloride. Other medications that are more supported

for knee pain and arthritis include Tylenol and NSAID. The request for Glucosamine is not considered medically necessary for management of the claimant's diagnoses.