

Case Number:	CM14-0192071		
Date Assigned:	11/25/2014	Date of Injury:	08/01/2004
Decision Date:	02/25/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 61 year old female who sustained an unknown work related injury to her left shoulder, wrists, hands, lo back and knees on 08/01/2004. Per the handwritten physician notes from 09/04/2014, she complains of ongoing pain, and she request medication. Diagnoses include shoulder spasm, bilateral knee internal derangement. This is the only medical documentation available for review. On 11/04/2014 the Claims Administrator approved Norco and Naproxen, and denied Condrolite. The denial of Condrolite was subsequently approved for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg, #90: 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 Pain Interventions and Guidelines Page(s): 37-38 and 50.

Decision rationale: Condrolite is a compound medical nutritional supplement containing glucosamine, chondroitin, and Methylsulfonylmethane (MSM). Glucosamine is recommended as an option, in patients with moderate arthritis pain, especially for knee osteoarthritis. Multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee) have been completed and controversy on efficacy related to symptomatic improvement continues. Glucosamine may not be helpful for patients with osteoarthritis of the hip or knee, according to the results of a recent meta-analysis in BMJ, but the authors concluded the medication is not dangerous, and there is no harm in having patients continue the medication as long as they perceive a benefit and cover the costs of treatment themselves. Studies showing the benefit for chondroitin were of poor methodological quality. Review of the three best-designed studies found that chondroitin was not particularly effective. It is not recommended. MSM is similar to DMSO, which is used as a topical cream for the treatment of chronic regional pain syndrome (CRPS). Documentation in the medical record does not support the diagnosis of CRPS. MSM is not indicated and, therefore, not recommended. The guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.