MAXIMUS Federal Services

Case Number:	CM14-0194218		
Date Assigned:	12/02/2014	Date of Injury:	11/29/2004
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

The patient is a 56 year-old woman who was injured at work on 11/29/2004. The injury was primarily to her left elbow, right knee and right ankle. She is requesting review of denial for Genicin #90.Medical records corroborate ongoing care for her injuries. The records include the Primary Treating Physician's Progress Reports. The last documented office visit was on 9/11/2014. At this visit the patient complained of persistent elbow, knee and ankle pain. Physical examination was performed and was unchanged from the baseline. The chronic diagnoses were: Left Elbow Sprain/Strain; Right Knee Chrondromalacia Patella; Status Post Right Knee Surgery; and Status Post Right Ankle Surgery. The patient was provided with topical analgesics, Genicin (glucosamine sodium 500 mg), melatonin, l tryptophan, and pyridoxine.In the Utilization Review process the retrospective request was denied as "glucosamine is readily available over the counter and does not require a doctor to prescribe or dispense it." Further, "there is no indication that she has knee arthritis to support the use of this either."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Genicin #90 (DOS: 9/11/2014): 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 Page(s): 50.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines comment on the use of Glucosamine. Glucosamine is the active ingredient in Genicin. The guidelines indicate that 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). (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007) A randomized, doubleblind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. (Reginster, 2001) Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification. (Pavelka, 2002) The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that Glucosamine Hydrochloride (GH) and Chondroitin Sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. In this case, there is no documentation in support of the diagnosis of knee osteoarthritis or any other form of osteoarthritis. The MTUS guidelines cited above only specifies that Glucosamine is recommended for patients with moderate arthritis pain; especially for knee osteoarthritis. Under these conditions, the use of Genicin is not considered medically necessary.