

Case Number:	CM14-0211507		
Date Assigned:	12/24/2014	Date of Injury:	05/18/2010
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 claimant is a 57 years old male who sustained an industrial injury on 05/18/2010. His diagnoses included lumbago and left knee internal derangement. He continues to complain of 4/10 low back pain that radiates into the lower extremities. He also complains of 5/10 left knee pain with swelling. Physical examination of the lumbar spine reveals paravertebral muscle tenderness with spasms, a positive seated nerve root test, and guarded and restricted standing flexion and extension. Examination of the left knee reveals tenderness in the joint line, a positive patellar grind test, a positive McMurray test, and crepitus with painful range of motion. Treatment has included medical therapy and a home exercise program. The treating provider has requested Genocin (Glucosamine Sulfate) 500mg #90, and Cidaflex # 90 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin (Glucosamine Sulfate) 500mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines California MTUS Guidelines 2009. Page(s): 50.

Decision rationale: There is no documentation provided necessitating continued treatment with Glucosamine Sulfate therapy. This therapy is recommended as an option in patients with moderate arthritis especially involving the knees. There is no documentation that the claimant has significant knee osteoarthritis or to date the medication has improved his symptoms. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Cidaflex quantity 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines California MTUS Guidelines 2009 Page(s): 50.

Decision rationale: Cidaflex is an over the counter dietary supplement used for the treatment of symptoms of osteoarthritis. Each tablet is a blend of 500mg of Glucosamine and 400 mg of Chondroitin. Glucosamine Sulfate is found in shellfish, and animal bones or marrow. It can also be extracted from grains such as corn, or fungi. Chondroitin Sulfate is usually obtained from shark or cow cartilage. There is also a synthetic version. The combination of Glucosamine and Chondroitin is believed to help restore cartilage and is an effective anti-inflammatory for mild to moderate joint pain. This combination may also be effective in some patients with moderate to severe knee pain. This therapy is recommended as an option in patients with moderate arthritis especially involving the knees. There is no documentation that the claimant has significant knee osteoarthritis or to date the medication has improved his symptoms. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.