

Case Number:	CM15-0000825		
Date Assigned:	01/12/2015	Date of Injury:	07/16/2013
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30 year old male patient, who sustained an industrial injury on 7/16/2013. The current diagnoses are strain of the cervical/ thoracic, right knee, and left ankle and status post L4-L5 left-sided microdiscectomy. He sustained the injury due to involved in motor vehicle accident. Per the doctor's note dated 11/13/2014, he had complains of low back pain, neck pain, headache, wrist and hand pain, right knee pain and left ankle pain. Per the doctor's note dated 10/13/2014, he had complains of low back pain, right knee pain and left ankle pain. The medications list includes Hydrocodone 10/325mg and glucosamine. He has undergone lumbar surgery on 10/16/2013. He has had lumbar spine MRI on 8/12/2013 and on 7/24/2014 which revealed post operative changes and multilevel disc dessication. He has had physical therapy/occupational therapy visits for this injury. The treating physician is requesting retrospective Condrolite 500/200/150mg (DOS: 10/13/2014), which is now under review. On 12/9/2014, Utilization Review had non-certified a request for retrospective Condrolite 500/200/150mg (DOS: 10/13/2014) The Condrolite was non-certified based on no documented diagnosis of osteoarthritis to support the use of this medication. The California MTUS, ACOEM, and Environmental Medicine Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Condrolite 500/200/150mg (DOS: 10/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 50 of 127 Glucosamine (and Chondroitin Sulfate).

Decision rationale: Request: Retrospective: Condrolite 500/200/150mg (DOS: 10/13/2014) Condrolite includes chondroitin and glucosamine. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. 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. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Any evidence of knee arthritis was not specified in the records provided. Recent X-rays of the knee joint demonstrating osteoarthritis were not specified in the records provided. Response to previous conservative therapy was not specified in the records provided. The medical necessity of retrospective: Condrolite 500/200/150mg (DOS: 10/13/2014) was not fully established for this patient at that juncture.