

<b>Case Number:</b>	CM15-0009247		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old female, who sustained an industrial injury on 01/01/2008. She has reported subsequent back, right upper extremity and right lower extremity pain and was diagnosed with cervical and lumbar myalgia, cervical/lumbar radiculitis/neuritis and derangement of the right shoulder. Treatment to date has included oral pain medication, physical therapy, acupuncture and chiropractic therapy. The most recent progress note is dated 10/10/2012 during which time objective findings were notable for tenderness, guarding and spasm of the paravertebral muscles of the cervical and lumbar spine and reduced and painful range of motion of the right shoulder. There was no medical documentation submitted that pertains to the current treatment request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Synovacin prescribed 10/10/2012 for the right shoulder / lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Glucosamine (and Chondroitin sulfate).

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated chronic radiating neck and low back pain and right shoulder pain. Diagnoses include right shoulder impingement and a component of degenerative joint disease. Glucosamine sulfate is recommended as an option in patients with moderate arthritis pain. Synovacin is a formulation of glucosamine sulfate 500 mg. In this case, the claimant has right shoulder pain with findings of degenerative joint disease. The requested dose is within recommended guidelines. Therefore, this request was medically necessary.