MAXIMUS Federal Services

Case Number:	CM15-0166449		
Date Assigned:	09/04/2015	Date of Injury:	05/07/2004
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 66 year old female, who sustained an industrial injury on 5-07-2004. The mechanism of injury was not described. The injured worker was diagnosed as having osteoarthrosis, generalized, site unspecified, aprain, scapholunate dissociation, lunotriquetral dissociation, midcarpal instability, and bilateral wrist tendinitis. Treatment to date has included steroid injections and medications. Per the medical records, the injured worker is diagnosed with left first carpometacarpal joint arthritis, and generalized osteoarthritis. The request is indicated. I respectfully disagree with the UR physician's denial based upon lack of documented functional benefit with the use of this medication. The guidelines do not mandate this documentation for its use. That the reason MTUS does not require documentation of efficacy may be that is that it may have a preventative or disease modifying effect. The request is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine Chondroitin 500/400mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: Per MTUS CPMTG with regard to glucosamine and chondroitin sulfate: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Per the medical records, the injured worker is diagnosed with left first carpometacarpal joint arthritis, and generalized osteoarthritis. The request is indicated. I respectfully disagree with the UR physician's denial based upon lack of documented functional benefit with the use of this medication. The guidelines do not mandate this documentation for its use. That the reason MTUS does not require documentation of efficacy may be that is that it may have a preventative or disease modifying effect. The request is medically necessary.