MAXIMUS Federal Services

Case Number:	CM15-0188864		
Date Assigned:	09/30/2015	Date of Injury:	06/29/2011
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 55 year old female who sustained a work-related injury on 6-29-11. Medical record documentation on 5-18-15 and 2-24-15 revealed the injured worker was being treated for myoligamentous strain of the cervical spine, lateral epicondylitis of the left elbow, myoligamentous strain of the lumbar spine and an inflammatory process of the knees bilaterally. She reported low back pain with radiation of pain to the legs and bilateral knee pain. She noted that her low back pain was the same. Objective findings included decreased range of motion of the lumbar spine and bilateral knees and tenderness. An MRI of the lumbar spine on 2-6-15 revealed multi-level disc desiccation, multi-level disc bulging, facet arthrosis and neural foraminal stenosis. Her treatment plan on 5-18-15 included neurology consultation for radicular symptoms, pain management consult for epidural steroid injection, surgical consultation for the lumbar spine, MRI arthrogram of the bilateral knees, continued aquatic therapy, cyclobenzaprine 7.5 mg, and glucosamine 500 mg. On 8-25-15, the Utilization Review physician determined glucosamine 600 mg #90 RFA for date of service 5-18-15 was not medically necessary based on California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 600mg #90 RFA 5/18/15: Upheld

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: According to the MTUS, the use of glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is compelling evidence exists that GS may reduce the progression of knee osteoarthritis. In this case, the injured worker has diagnosis including myoligamentous strain of the cervical spine, lateral epicondylitis of the left elbow, myoligamentous strain of the lumbar spine and an inflammatory process of the knees bilaterally. The patient does not have a diagnosis of moderate arthritis pain. Therefore, this request is not medically necessary.