

Case Number:	CM15-0195343		
Date Assigned:	10/09/2015	Date of Injury:	08/08/2008
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 8-08-2008. The injured worker is being treated for chronic pain, cervical radiculopathy, lumbar radiculitis, bilateral knee pain, right shoulder pain, bilateral wrist pain, arthritis of the bilateral wrists, depression CRPS right upper extremity status post Dupuytren's contracture release, trigger finger release, and PTSD. Treatment to date has included diagnostics, medications, physical therapy, TENS, acupuncture, chiropractic, work restrictions, trigger point injections and epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 9-03-2015, the injured worker reported neck pain, low back, upper extremity pain and left ring finger pain. Pain is rated as 7 out of 10 in intensity on average with medications since the last visit, and 9 out of 10 in intensity without medications since the last visit. Objective findings of the cervical spine included tenderness to palpation at C5-C7 and the trapezius muscles bilaterally. Range of motion was slightly to moderately limited and pain was increased with flexion, extension and rotation. Lumbar spine examination revealed moderately limited range of motion secondary to pain which was significantly increased with flexion and extension. There was right shoulder tenderness upon palpation with decreased range of motion due to pain. Work status was to be determined by PTP, it is noted that the IW is currently not working. The plan of care included, and authorization was requested on 9-18-2015 for Gabapentin 300mg #60, Tylenol #3 #180, Glucosamine and Chondroitin 500-400mg, and Pain management office visit follow up. On 9-25-2015, Utilization Review non-certified the request for Glucosamine and Chondroitin 500-400mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine & Chondroitin 500-400mg qty 120.00: 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 guidelines, Glucosamine may be used for moderate knee arthritis. In this case, the claimant was diagnosed with arthritis of the wrists. There is insufficient evidence for its use for the wrists. The claimant was also on other analgesics for pain without mention of reduction. The continued use of Glucosamine is not medically necessary.