

Case Number:	CM15-0198204		
Date Assigned:	10/13/2015	Date of Injury:	11/07/2009
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old male who sustained a work-related injury on 11-7-09. Medical record documentation on 8-26-15 revealed the injured worker was being treated for pain in the lower leg joint and pain in the ankle-foot joint. He reported pain in the low back and right lower extremity and the bilateral knees. He reported increasing pain in the left knee and noted that exercise and movement helped the pain. He noted that his pain is worse occasionally and he will then have more pain with exercise. He notes that his left knee is more painful at night and the left knee will limit his ability to move or do his exercise. He reported numbness in the right foot. Objective findings included no abnormalities in gait and normal muscle tone without atrophy in the bilateral lower extremities. His medications included Synovacin-glucosamine sulfate 500 mg (since 6-25-15) and Advil 200 mg caplet as needed. On 9-9-15, the Utilization Review physician determined Synovacin-Glucosamine sulfate 500 mg #90 with one refill was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Synovacin-Glucosamine Sulfate 500mg quantity 90 with one refill DOS 8-26-15: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, doubleblind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification." In this case, there is lack of evidence of knee osteoarthritis from the exam note of 8/26/15 demonstrating knee osteoarthritis. Therefore, the determination is not medically necessary.