

Case Number:	CM15-0204955		
Date Assigned:	10/21/2015	Date of Injury:	05/30/2008
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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: Georgia

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 69 year old male injured worker suffered an industrial injury on 5-30-2008. The diagnoses included left hip bursitis. On 11-19-2014 the treating provider reported left shoulder pain and lower back pain that radiated down to the left lower extremity. He reported the medications seemed to be helpful in decreasing the pain intensity and was able to perform the activities of daily living. On exam the left hip was tender with painful range of motion. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. The Utilization Review on 9-17-2015 determined non-certification for Retrospective request for Synovacin 500mg for DOS 11-20-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Synovacin 500mg for DOS 11/20/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Medical Foods.

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

Decision rationale: Retrospective request for Synovacin 500mg for DOS 11/20/2014 is not medically necessary. Synovacin is a brand name for the nutritional supplement Glucosamine. Synovacin is not medically necessary. 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. The provider prescribed Synovacin for left hip bursitis which are not associated with osteoarthritis. Additionally the provider recommended Synovacin to help the claimant reduce current medication; therefore, the requested therapy is not medically necessary.