MAXIMUS Federal Services

Case Number:	CM15-0024337		
Date Assigned:	02/13/2015	Date of Injury:	04/09/2010
Decision Date:	04/09/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 52-year-old male with an industrial injury dated April 9, 2010. The injured worker diagnoses include cervical radiculopathy, cervical spine status post-surgery x2, lumbar disc protrusion, right knee chondromalacia patella, and sleep apnea. He has been treated with diagnostic studies, prescribed medications, home exercise therapy and periodic follow up visits. According to the progress note dated 12/19/2014, the injured worker reported constant neck pain radiating to the bilateral upper extremities with numbness and tingling. He also reported constant pain in the low back and right knee. The treating physician prescribed Genicin Count #90 Capsules. Utilization Review determination on January 23, 2015 denied the request for Genicin Count #90 Capsules, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin Count #90 Capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Glucosamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS Guidelines suggest the option of glucosamine for moderate arthritis pain management, especially knee pain due to osteoarthritis. The literature has shown the combination with chondroitin sulfate may be effective in a subgroup of people with moderate to severe knee pain, although these studies were limited and of poor quality. The submitted and reviewed documentation concluded the worker was suffering from right knee chondromalacia patella. The documented pain assessments did not suggest improvement over several months with this medication, and pain intensity may have even mildly worsened. There was no discussion detailing the severity of the worker's knee condition or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety Genicin capsules (glucosamine sulfate) is not medically necessary.