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| Case Number: | CM15-0029252 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 05/13/2011 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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, Indiana, New York
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:

The injured worker is a 40 year old male, who sustained a work related injury on 5/13/11. The diagnoses have included cervical degenerative disc disease, lumbar degenerative disc disease, lumbar radiculopathy and chronic pain syndrome. Treatments to date have included medications, physical therapy, activity modification, previous transforaminal injection with 80-90% reduction in pain and acupuncture. In the PR-2 dated 12/20/14, the injured worker complains of constant neck and lower back pain. He states the cold weather makes pain worse. He has persistent pain in arms and legs with numbness and tingling. He has tenderness to palpation of cervical and lumbar musculature. He has pain with facet loading. The treatment plan is a request for authorization of a prescription for Glucosamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 500mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Glucosamine.

Decision rationale: Pursuant to the Official Disability Guidelines, Glucosamine 500 mg #90 with three refills was not medically to be necessary. Glucosamine/chondroitin is recommended as an option (glucosamine sulfate only) given its low risk in patients with moderate knee pain. Several studies have demonstrated highly significant efficacy of glucosamine on all outcomes including joint space narrowing, pain, mobility, safety and respond to treatment. In this case, the injured worker's working diagnoses are discogenic lumbar condition; discogenic cervical condition; and chronic pain syndrome. The injured worker's current medications include Flexeril, Nalfon, tramadol, Neurontin, and Mirtazaprine. The documentation indicates Glucosamine's indication is for treatment of the cervical spine and lumbar spine. There is no discussion or mention of knee pain or osteoarthritis of the knee. Glucosamine is recommended as an option in patients with moderate knee pain. Consequently, absent clinical documentation demonstrating osteoarthritis of the knee and or moderate knee pain, Glucosamine 500 mg #90 with 3 refills is not medically the necessary.