

Case Number:	CM15-0222584		
Date Assigned:	11/18/2015	Date of Injury:	04/25/2006
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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 73 year old female with an industrial injury dated 04-25-2006. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of knee and right knee pain. According to the progress note dated 10-21-2015, the injured worker presented for follow up of right knee pain. The injured worker denied changes in her pain complaints. The injured worker continued to have "persistent left knee pain, made worse with ambulation." The pain is improved with medication. Pain level was not documented in report (10-21-2015). Current medications include Diclofenac sodium, Glucosamine Hcl (since at least January of 2015), Omeprazole and Oxybutynin. The injured worker reported that Glucosamine continues to provide her with 50% pain relief and increased tolerance for activity. Objective findings (06-03-2015, 07-29-2015, 10-21-2015) revealed antalgic gait and use of a cane for ambulation. Treatment has included knee surgery in 2006, prescribed medications, cane and periodic follow up visits. The injured worker is permanent and stationary. The utilization review dated 11-03-2015, non-certified the request for Glucosamine HCL 1500mg QTY: 90.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine HCL 1500mg QTY: 90.00: Overturned

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: The MTUS Chronic Pain Guidelines state that glucosamine with or without chondroitin is recommended as an option to treat moderate arthritis, especially for knee osteoarthritis. Although some studies are conflicting and many different products and doses are available, it is still recommended due to its low risk. The best results were of glucosamine sulfate. Glucosamine hydrochloride has had less studies to evaluate its effectiveness. In the case of this worker, glucosamine is approved based on the osteoarthritis being a listed diagnosis and including the appropriate dose and number of pills in the request. Therefore, the requested treatment is medically necessary.