

Case Number:	CM15-0033032		
Date Assigned:	02/26/2015	Date of Injury:	07/17/1998
Decision Date:	04/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who sustained an industrial injury on 7/17/98. The injured worker reported symptoms in the back. The diagnoses included fracture thoracic spine, osteoporosis, and paraplegia and status post-surgical fusion. Treatments to date include status post-surgical fusion, durable medical equipment including a wheelchair and a bath chair, oral pain medication, oral analgesic medications. In a progress note dated 11/12/14 the treating provider reports the injured workers osteoporosis as a problem and noting "due to the patient's paraplegia and lack of weight-bearing in her extremities. The patient has not been using her standing frame making the problem progressively worse." On 1/16/15 Utilization Review non-certified the request for Genicin (glucosamine). The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin (glucosamine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter, Glucosamine/Chondroitin (for knee arthritis).

Decision rationale: The patient presents with pain and weakness in her back. The patient is s/p T2-L3 removal of plate interplantation titanium Harrington rods on 03/23/00. The request is for GENICIN (GLUCOSAMINE). ODG guidelines, under Knee Chapter, Glucosamine/Chondroitin (for knee arthritis), support the use of Glucosamine for arthritic knee pain but not for other conditions. In this case, there is no evidence that the patient suffers from arthritic knee condition. The request IS NOT medically necessary.