

Case Number:	CM15-0034205		
Date Assigned:	02/27/2015	Date of Injury:	02/15/2008
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
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 37 year old male, who sustained an industrial injury on 2/15/08. On 2/23/15, the injured worker submitted an application for IMR for review of Glucosamine chondroitin 500/400/200 mg #60. The treating provider has reported the injured worker complained of increasing back pain with stabbing left leg pain, painful numbness and tingling also in burning pain in left great toe. The diagnoses have included predominant disturbance of emotions; adjustment reaction with prolonged depressive reaction; other chronic pain; degeneration lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis unspecified; other post surgical status. Treatment to date has included status post L5-S1 disk replacement surgery (4/28/2014); right shoulder MRI (3/27/12); Lumbar Spine MRI (2/21/12); EMG/NCS upper extremities (12/5/11); Toradol/B12 Injection (7/14/14). On 2/2/15 Utilization Review non-certified Glucosamine chondroitin 500/400/200 mg #60. The MTUS, Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine chondroitin 500/400/200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice

Guidelines, Second Edition, Chapter 6, Prepublish 8/14/08, pages 122-123, Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Pain - Medical Foods, U.S. National Institutes of Health (NIH), National Library of Medicine (NLM), PubMed, 2015 (www.ncbi.nlm.nih.gov/pubmed/).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine Page(s): 50.

Decision rationale: The patient was injured on 02/15/2008 and presents with back pain, neck pain, and burning left toe pain. The request is for glucosamine chondroitin 500/400/200 mg #60. There is no RFA provided and the patient is temporarily totally disabled. The patient has been taking this medication as early as 12/01/2014. Regarding glucosamine, MTUS page 50 states "recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis". In this case, the patient is diagnosed with predominant disturbance of emotions, adjustment reaction with prolonged depressive reaction, other chronic pain, degeneration of lumbosacral intervertebral disk, thoracic or lumbosacral neuritis or radiculitis unspecified, and other postsurgical status. Review of the reports does not indicate the patient has any knee osteoarthritis. Therefore, the requested glucosamine chondroitin is not medically necessary.