

Case Number:	CM15-0239286		
Date Assigned:	12/16/2015	Date of Injury:	07/13/2001
Decision Date:	01/19/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/08/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female, who sustained an industrial injury on 7-13-2001. The injured worker is undergoing treatment for lumbosacral intervertebral disc degeneration and low back pain. Medical records dated 10-29-2015, indicate the injured worker complains of chronic back pain rated 7 out of 10 with medication and 10 out of 10 without medication. Physical exam dated 10-29-2015 does not report any abnormal findings. Treatment to date has included surgeries, home exercise program (HEP), urinary drug screen (UDS), medication, and altered activity. The original Utilization Review dated 11-9-2015, indicates the request for glucosamine 500mg #90 with 5 refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 500 mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Glucosamine.

Decision rationale: Although the CA MTUS discusses glucosamine, the cited ODG contains more recent guidelines. Per the cited ODG, glucosamine is not recommended for low back pain because is not significantly different from placebo in reducing pain-related disability. Furthermore, it did not improve health-related quality of life in those with chronic low back pain and degenerative lumbar osteoarthritis. According to the treating provider notes available, there is no discussion concerning glucosamine efficacy, and ultimately, it is not indicated in this injured worker. Therefore, the request for glucosamine 500mg #90 with 5 refills is not medically necessary and appropriate.