

Case Number:	CM15-0240822		
Date Assigned:	12/17/2015	Date of Injury:	01/29/2003
Decision Date:	01/25/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/09/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male who sustained an industrial injury on 1-29-03. The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right knee chondromalacia and right knee osteoarthritis. Medical records dated 11-9-15 indicate the injured worker is with "intermittent pain". Provider documentation dated 11-11-15 noted the work status as restricted duty. Treatment has included status post arthroscopy (7-12-10), exercise, physical therapy, and Glucosamine DS. Objective findings dated 11-9-15 were notable for mild anterior tenderness noted to the knee. The original utilization review (11-18-15) partially approved a request for Glucosamine DS500/ 400mg #180 with 12 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine DS500/ 400mg #180 with 12 Refills: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine.

Decision rationale: Synovacin a brand named version of glucosamine sulfate. MTUS and ODG state, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets." The employee does have knee osteoarthritis, for which this therapy is recommended. However, the quantity request is for a year's supply or longer, which is beyond what the guidelines recommend. Therefore, the request for Glucosamine DS500/ 400mg #180 with 12 Refills is not medically necessary.