

Case Number:	CM14-0009299		
Date Assigned:	02/14/2014	Date of Injury:	07/20/2010
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported injury on July 20, 2010. The mechanism of injury was not provided. Medication history as of 2012 included glucosamine sulfate. The documentation of October 29, 2013 revealed the injured worker had complaints of low back pain radiating to the left leg. The diagnoses included radiculopathy and chronic low back pain. The rest of the note was handwritten and difficult to read. The treatment plan included Norco 10/325 mg every 4 hours as needed for pain, Flexeril 7.5 mg twice a day, Terocin lotion, Theramine, Ambien 10 mg every morning, Sentra PM, and Synovacin 500 mg 3 times a day. The note of December 3, 2013 was a partial note and as such, the treatment plan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLUCOSAMINE SULFATE(3 TIMES PER DAY) DISPENSED ON 12/06/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend glucosamine for patients with moderate arthritis pain especially knee osteoarthritis. The clinical

documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was no DWC Form RFA that was submitted for the requested date of service. The request as submitted failed to indicate the strength of the medication being requested. The retrospective request for glucosamine sulfate, three times daily, dispensed on December 6, 2013, is not medically necessary or appropriate.