

<b>Case Number:</b>	CM14-0119203		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/24/2006
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Nevada. 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on May 24, 2006. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of right forearm and elbow pain which radiates to the hand. There is also a complaint of low back pain radiating to the knees. The physical examination demonstrated a positive Tinel's test at the right elbow. The examination of the lumbar spine noted decreased range of motion and examination of the left knee noted joint line tenderness as well as a positive McMurray's test. Diagnostic imaging studies were not supplied in the attached medical record. Previous treatment includes oral medications. A request had been made for Condrolite 500/200/150mg and was not certified in the pre-authorization process on July 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Condrolite 500/200/150mg #90 1 tablet 1-3 times a day with meals:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (Condrolite).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Glucosamine/Chondroitin, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines, Glucosamine is recommended as an option for patients with moderate knee pain. Several studies have demonstrated a highly significant efficacy of glucosamine on all outcomes including joint space narrowing, pain, mobility, safety, and response to treatment. Considering this, the request for Condrolite 500/200/150mg is medically necessary.