

Case Number:	CM14-0124137		
Date Assigned:	09/25/2014	Date of Injury:	05/17/1996
Decision Date:	10/27/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of May 17, 1996. A utilization review determination dated July 31, 2014 recommends noncertification of Condrolite. Noncertification of Condrolite is recommended due to lack of guideline support for oral MSM. A progress report dated July 24, 2014 identifies subjective complaints of persistent pain (illegible). Physical examination findings identify shoulder impingement, cervical spine tender range of motion with positive compression test, and lumbar spine tender range of motion (illegible) pain. The diagnoses are not listed. The treatment plan recommends pain management consultation, evaluate for cervical and lumbar epidural steroid injection, a gym membership, continue exercises/stretching, and (illegible). A progress report dated May 29, 2014 identifies subjective complaints indicating that acupuncture and herbal treatments have been helpful. Objective examination findings reveal good range of motion in the knees with stable ligamentous components and some anterior drawer laxity. There is also a positive McMurray sign bilaterally. Diagnoses include cervical spine discopathy, lumbar spine discopathy, and somatoform discopathy. The treatment plan recommends trigger point injections, pain management consultation, rheumatology consultation, acupuncture, gym and pool membership, Condrolite, Topamax, gabapentin, omeprazole, tizanidine, and transdermal medications. A progress report dated August 26, 2014 includes a summary of an MRI of the left knee and right knee dated May 30, 2009 identifying left knee mild medial tibial femoral compartment osteoarthritis, and moderate osteoarthritis of the medial tibial femoral compartment of the right knee. Subjective complaints include low back pain.

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: 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 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 50.

Decision rationale: Regarding the request for Condrolite (Glucosamine/Chondroitin/MSM), guidelines state that glucosamine and chondroitin are recommended as an option in patients with moderate arthritis pain especially for knee osteoarthritis. Within the documentation available for review, there are no recent subjective complaints of moderate knee arthritis pain. Additionally, guidelines do not support the use of MSM in an oral formulation. As such, the currently requested Condrolite is not medically necessary.