MAXIMUS Federal Services

Case Number:	CM14-0093416		
Date Assigned:	09/12/2014	Date of Injury:	06/11/2012
Decision Date:	10/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Medicine 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 41-year-old female who reported an industrial injury on 6/11/2012 to her neck, bilateral wrists, left elbow, and low back, over two years ago, attributed to the performance of her usual and customary job tasks. The patient is noted to be status post right/left carpal tunnel release and status post cervical ESI to C3-C4. The MRI of the cervical spine dated 10/9/2012 demonstrated evidence of moderate central stenosis secondary to a 3 mm disc protrusion at C3-C4. The objective findings on examination included good range of motion; grip is weak; am able to fully weight bear; cervical spine tender; mild trapezial spasm. The diagnosis was cervical discopathy and status post bilateral CTR with residuals. The patient was prescribed eight additional sessions of physical therapy and chondrolite 500/200/150 mg #90 one tab PO TID for joint pain. It is noted that the prescribed Condrolite is a nutritional supplement with a combination of glucosamine sulfate 500 mg; Chondroitin sulfate 200 mg; and MSM one and 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Condrolite 500/200/150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: PainOfficial Disability Guidelines:Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-glucosamine and chondroitin

Decision rationale: The patient was prescribed an oral dietary supplement which is a combination of glucosamine sulfate 500 mg; chondroitin sulfate 200 mg; and MSM 150 mg TID #90. There is no demonstrated medical necessity for the prescribed dietary supplements directed to report joint pain. There is no objective evidence provided that the prescribed dietary supplement actually provides functional improvement for the reported joint pain. Recent publications in the medical literature have documented the results of double blind studies that were peer-reviewed that have assessed the use of dietary supplements that include glucosamine and chondroitin and found that the use of this dietary supplement provided no statistically significant improvement in their symptoms compared to patients taking placebo. There is no demonstrated medical necessity for the prescribed dietary supplement Chondrolite 500/200/150 mg for the treatment of joint pain.