

<b>Case Number:</b>	CM15-0016713		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35-year-old male who reported injury on 02/15/2013 with a mechanism of injury being cumulative trauma. Prior therapies included physical therapy and chiropractic care, as well as medications. The injured worker underwent an MRI of the cervical spine and lumbar spine. The most recent documentation was dated 02/06/2014. The injured worker's pain level was 8. The injured worker was noted to have stiffness in the back of the neck. The physical examination revealed tenderness to palpation. The diagnoses included cervical spine stenosis, cervical strain, cervical radiculopathy, lumbar sprain and strain and lumbar radiculitis. The treatment plan included continuation of conservative care including medications, exercise, TENS unit and TheraCane, as well as chiropractic treatment and followup in 1 month. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Denied: Treatment: S5001, Glucosamine Sulfate 500mg Quantity Requested: 90.00:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend glucosamine sulfate as an option for injured workers with moderate arthritis pain, especially for knee osteoarthritis. The clinical documentation submitted for review failed to provide the rationale for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for denied treatment S5001, glucosamine sulfate 500 mg quantity requested #90 is not medically necessary.