

Case Number:	CM15-0019046		
Date Assigned:	02/06/2015	Date of Injury:	10/06/1980
Decision Date:	06/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old male who sustained an industrial injury on 10/6/80. The injured worker reported symptoms in the back and right knee. The diagnoses included lumbar degenerative disc disease, lumbar disc bulge at L4-L5, right knee sprain/strain, right knee meniscal tear, depression and insomnia secondary to pain. Treatments to date include oral pain medication. In a progress note dated 1/13/15 the treating provider reports the injured worker was with "persistent pain in the lower back, 8/10, constant, radiates down to his right knee." On 1/20/15 Utilization Review non-certified the request for 60 Glucosamine 1000 milligram with one refill, The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Glucosamine 1000mg with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The California MTUS guidelines recommends Glucosamine as a treatment option for arthritic pain, to include knee osteoarthritis and others, as studies have demonstrated significantly high efficacy of this medication. The documentation submitted for review did not note arthritis pain. As the medication is not indicated, the request is not medically necessary.