

Case Number:	CM15-0112124		
Date Assigned:	07/06/2015	Date of Injury:	01/10/2008
Decision Date:	08/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62 year old male, who sustained an industrial injury on 1/10/08. The injured worker reported a gradual increase in symptoms over his work career. Treatment to date has included medication, MRI and surgical intervention. Currently, the injured worker complains of back pain that radiates into the lower extremities with pain, tingling and numbness. The injured worker has an altered gait and is currently using a cane to assist with ambulation due to catching, locking and instability in his right knee. He reports bilateral wrist and hand pain accompanied by numbness, tingling and weakness, which results in difficulty gripping, grasping, lifting pushing and pulling. The injured worker is diagnosed with knee enthesopathy, radial styloid tenosynovitis, olecranon bursitis, shoulder region disorders, shoulder bursa and tendon disorders and enthesopathy of wrist. His work status is permanent and stationary. An examination, on 3/2/15, reveals the injured worker has spasms, tenderness and guarding in the muscles of the lumbar spine with a loss of range of motion. The right knee has crackling sounds with movement and tenderness. The note on 3/2/15 states medications are providing pain relief and improving the injured workers ability to function. The medication, Glucosamine 1500 complex CP #60 (retrospective date of service 3/2/15), is being requested to continue to provide the injured worker with relief from his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Glucosamine 1500 Complex CP, quantity 60, DOS 3-2-15: 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 Page(s): 50 of 127.

Decision rationale: Regarding the request for glucosamine, CA MTUS states that glucosamine and chondroitin is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine would be supported by the CA MTUS. In the absence of such documentation, the currently requested glucosamine is not medically necessary.