

Case Number:	CM15-0125331		
Date Assigned:	07/09/2015	Date of Injury:	02/27/2008
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54 year old female, who sustained an industrial injury on 02/27/2008. She has reported injury to the neck and low back. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis; pes anserinus tendinitis or bursitis (both); cervical spine musculoligamentous strain with radiculopathy; cervicogenic headaches; mild major depression; and generalized anxiety disorder. Treatment to date has included medications, diagnostics, and cognitive behavioral therapy. Medications have included Imitrex and Topamax. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lumbar pain. Objective findings included loss of range of motion. The treatment plan has included the request for glucosamine-chondroitin 500-400-66mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine-Chondroitin 500-400-66mg quantity 60: Upheld

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

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

Decision rationale: According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is not enough evidence to support the efficacy of glucosamine other than knee osteoarthritis. There is no clear evidence of knee osteoarthritis. Therefore, the request of Glucosamine-Chondroitin 500-400-66mg quantity 60 is not medically necessary.