

Case Number:	CM15-0170543		
Date Assigned:	10/06/2015	Date of Injury:	05/14/2001
Decision Date:	11/13/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/31/2015

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: Preventive Medicine, Occupational 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 58-year-old male who sustained an industrial injury on 5-14-2001. Diagnoses have included chronic right knee pain secondary to ACL-PCL tears, and multi-compartmental degenerative joint disease. Documented treatment includes right knee meniscectomy for medial and lateral tears, physical therapy, ice, non-weight bearing, rest and medication. The injured worker continues to report right knee pain described as "constant and aching." Pain is rated at 8 out of 10 at worse, and 3 with medication which has included Naproxen, Vicodin, Acetaminophen and topical creams. He is noted as taking Glucosamine regularly, but documentation does not discuss length of time using it. Pain is aggravated with weight bearing, using stairs, and squatting. The physician noted varus deformity, moderate swelling medially, a mass at the medial joint line from anterior to mid-section, mild crepitus, and tenderness at the medial joint line. The treating physician's plan of care includes Glucosamine 500 mg #90 with 3 refills which was modified on 8-1-2015 to 1 refill. The injured worker has continued working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Glucosamine 500mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker is noted to have knee osteoarthritis and the use of glucosamine has helped with pain and increased function. However, the injured worker is instructed to follow-up with the treating physician in one month, therefore, this request for 3 refills is not warranted and should be reviewed at the next visit for continued efficacy. The request for 1 prescription of Glucosamine 500mg #90 with 3 refills is determined to not be medically necessary.