MAXIMUS Federal Services

Case Number:	CM15-0070541		
Date Assigned:	04/17/2015	Date of Injury:	03/31/2013
Decision Date:	06/09/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 31, 2013. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve request for Synovacin (glucosamine). The claims administrator referenced a March 10, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of neck pain, low back pain, depression, anxiety, and insomnia. Synovacin was endorsed for "joint health" purposes. Topical Dendracin was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovacin CAP 500 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: No, the request for Synovacin (glucosamine) was not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended as an option in applicants with moderate arthritis pain and, in particular, in applicants with knee arthritis, in this case, however, the applicant's primary pain generators were the neck and low back. The applicant did not have known issues with arthritis and/or knee arthritis for which glucosamine (Synovacin) would have been indicated. Arthritis was not amongst the diagnoses listed on the progress note of March 10, 2015. Therefore, the request is not medically necessary.