

<b>Case Number:</b>	CM13-0068107		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for low back and ankle pain with an industrial injury date of May 22, 1997. Treatment to date has included physical therapy, home exercise program, acupuncture, TENS, Synvisc injection, SI joint injection, lumbar facet joint injection, right ankle surgery, lower back surgery, and medications including Cosamin DS 500-400mg tabs 1 tab TID (since February 2013) and Polyethylene glycol 3350 POWD 17 grams qd prn for constipation (since February 2013). Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant low back and ankle pain, described as sharp, throbbing, numbing, burning, and with pressure. Pain rating was 5-8/10, aggravated by cold, activity, standing, walking, and alleviated by heat, lying down, standing, walking, and medications. Review of systems showed no constipation or changes in bowel habits. On physical examination, a scar was noted on the medial aspect of the right ankle and the left medial malleolus and a diagonal scar on both upper gluteal and buttock area. Straight leg raise was negative but there was severe tenderness on the right lower lumbar facet joint and moderate tenderness on the SI joint and severe tenderness on the right ankle joint. Range of motion was limited due to pain. Gait was slow, and the patient limped on the right. The patient bends forward due to pain. Diffuse weakness was noted on the right lower extremity. There were no sensory deficits noted. Utilization review from December 10, 2013 denied the request for Cosamin DS 500-400mg, #90 because there was no discussion in the progress notes presented outlining the efficacy or utility of this preparation; and Polyethylene Glycol 3350 POWD use 17 grams qd prn for constipation #527.0 because the patient is already using another laxative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COSAMIN DS 500-400 MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to page 50 of the Chronic Pain Medical Treatment Guidelines, glucosamine and chondroitin sulfate are recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient presented with ankle pain; however, the medical records did not show objective evidence of osteoarthritis and there were no imaging studies that corroborated presence of arthritis. In addition, although studies have supported the use of glucosamine and chondroitin sulfate for knee osteoarthritis, studies for the use of these medications for ankle arthritis are limited. Moreover, the patient has been on Cosamin since February 2013 (15 months to date), but the medical records do not reflect functional improvement with the medication. There is no clear indication for continued use of Cosamin; therefore, the request for Cosamin Ds 500-400 MG, #90 is not medically necessary.

**POLYETHYLENE GLYCOL 3350 POWD (POLYETHYLENE GLYCOL 3350) USE 17 GRAMS QD PRN FOR CONSTIPATION #527.0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library Of Medicine.

**Decision rationale:** CA MTUS does not specifically address polyethylene glycol 3350; however, the National Library of Medicine states that polyethylene glycol 3350 is used to treat occasional constipation. Medical practice standards of care would make it reasonable to obtain specific prescriptions identifying ingredients, dosage, and frequencies, as well as continued presence of indications, absence of side effects, and reported response to previous treatment to support medication refills. In this case, review of systems have shown that the patient did not complain of constipation or change in bowel habits. Moreover, the patient was being prescribed polyethylene glycol 3350 since February 2013 (15 months to date) despite absence of complaints of constipation. There is no clear indication for the continued use of this medication; therefore, the request for Polyethylene Glycol 3350 Powd (Polyethylene Glycol 3350) Use 17 Grams QD PRN For Constipation #527.0 is not medically necessary.