

<b>Case Number:</b>	CM14-0100440		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 a 70 year-old male. The patient's date of injury is 02/02/2001. The mechanism of injury is only stated as an industrial injury. The patient has been diagnosed with lumbar disc displacement, right knee pain and bilateral shoulder pain. The patient's treatments have included injections, imaging studies, acupuncture, and medications. The physical exam findings, dated July 14, 2014 show that his knee exam shows tenderness along the joint line both medially and laterally with crepitation. There is no angulation of the lower leg, but some mild atrophy is noted. There is a mild effusion noted. There is also a positive patellofemoral crepitation. The Varus and Valgus test are reported as normal. Some mild restrictions in range of motion is noted. The McMurray exam is noted as equivocal. The patient's medications have included, but are not limited to, Advil, Glucosamine. The request is for Nutramax Cosamine DS 75 tablets x 3 bottles. It is unclear how long the patient has been taking this medication, but the patient state that it is helping his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nutramax Cosamine DS 75 tablets x 3 bottles:** Overturned

**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  
Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Nutramax Cosamine DS 75 tablets x 3 bottles. MTUS guidelines state the following: Glucosamine is recommended as an option. According to the clinical documentation provided and current MTUS guidelines; Nutramax Cosamine DS 75 tablets x 3 bottles are indicated as a medical necessity to the patient at this time.