

<b>Case Number:</b>	CM14-0121407		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/28/1998
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 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:

This is a 50-year-old female with a 1/28/98 date of injury. The mechanism of injury was a fall. According to a progress report dated 5/14/14, the patient complained of stabbing pain in buttocks and left shoulder pain. She rated her pain an 8/10. The patient also complained of weakness and fatigue in the whole body. Medications allowed her increased activity. Objective findings: paravertebral tenderness in cervical/thoracic/lumbar spine. Diagnostic impression: lumbar post laminectomy syndrome, depression, chronic pain syndrome, history of fibromyalgia, cervical spine radiculitis. Treatment to date: medication management, activity modification. A UR decision dated 7/16/14 denied the request for Cosamin DS. The documentation submitted for review did not show evidence of arthritic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cosamin DS #60:** Upheld

**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 Page(s): 50.

**Decision rationale:** The California MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In the reports provided for review, there is no documentation that the patient has arthritis pain. A specific rationale identifying why this patient requires this medication was not provided. Therefore, the request for Cosamin DS is not medically necessary.