

Case Number:	CM14-0135912		
Date Assigned:	09/03/2014	Date of Injury:	07/02/1997
Decision Date:	10/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/22/2014

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:

The injured worker is a 50-year-old male, who has submitted a claim for chronic right shoulder pain and left shoulder pain associated with an industrial injury date of July 7, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of left shoulder pain described as dull ache and constant. Pain increases with lifting and moving the neck. Physical examination of the upper extremities revealed normal muscle bulk with decreased range of motion of the right shoulder. Patient cannot fully extend his left shoulder with his hand above his head. His right hand can rise only below the level of his shoulder. Mild tenderness was noted at the right anterior shoulder joint. Left lateral atrophy was also noted. MRI of the left shoulder done on October 2012 showed degeneration. Treatment to date has included Norco, Fentanyl, Cosamine DS (since December 2013), and Ambien as well as right shoulder surgeries. Utilization review from August 4, 2014 denied the request for Cosamine DS #270 because the requested medication is directed toward the shoulder and not for knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A prescription for Cosamine DS #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation www.nutramaxlabs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Glucosamine Page(s): 50.

Decision rationale: As stated on page 50 CA MTUS 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 has been prescribed Cosamine DS since December 2013. Progress notes reviewed showed that the patient reported an increase in pain when Cosamine DS was stopped. However, CA MTUS supports its use for knee osteoarthritis, which in this case, was used for shoulder pain. Therefore, the request for Cosamine DS #270 is not medically necessary.