

<b>Case Number:</b>	CM14-0024056		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old male with an 8/1/07 date of injury to his lumbar spine after a slip and fall injury. He is status post laminectomy to L4/5, facetectomy and foraminotomy for nerve root decompression and posterior interbody fusion on 9/20/10 with subsequent hardware on 9/17/13 with postoperative physical therapy. The patient was seen on 12/18/13 complaining of low back pain and lower extremity radicular pain. The patient's medications include glucosamine, Prilosec, Anaprox, Ultracet. He and his is and the patient's exam findings revealed well-healed surgical scar in the signs of infection, and reduced range of motion as well as tenderness over the L-spine. The treatment recommendation was for the patient to continue physical therapy, the patient was given prescriptions for Flexeril, Neurontin, Terocin lotion, Genicin, Flurbiprofen topical creams, as well as to continue his Ultracet, Anaprox, Prilosec, and glucosamine. His diagnosis is Lumbar and Cervical Disc disease, and Lumbar radiculitis. MRI R knee, 4/1/11: Articular surfaces smoothMRI L knee, 4/1/11: Articular surfaces smooth in medial and lateral compartments. Patellar articular cartilage normal.Treatment to date: multiple lumbar surgeries, medications, post operative physical therapy, spinal manipulation, and chiropractic treatment.A UR decision dated denied the request given glucosamine is not recommended in patients with low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GENICIN 500MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine(And Chondroitin Sulfate).

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

**Decision rationale:** CA 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. This patient has no known diagnosis of arthritis. He has been on Genicin chronically at least since July of 2013. MRI 's of the knees performed in 2011 revealed no evidence of arthritis, nor have there been any complaints of knee pain. Glucosamine is not shown to be beneficial with regards to decreases in pain or functional gains in patients with low back pain complaints. In addition there is no rationale as to why this patient is on this medication. Therefore the request as submitted was not medically necessary.