

Case Number:	CM14-0055637		
Date Assigned:	07/09/2014	Date of Injury:	01/27/1995
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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 Internal Medicine, and is licensed to practice in Georgia. 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 60-year-old male who experienced a fall after slipping on a wet floor on January 26, 1995. He experienced injury to the head, right elbow, and right hip. On March 3, 1995 he also experienced a stroke. The injured worker's remaining medical history is significant for diabetes, heart attack with stent placement, high blood pressure, acid reflux, high cholesterol, and psoriasis. After the fall he was treated with topical anti-inflammatory medications (voltaren gel), muscle relaxants (baclofen), and topical anesthetic medications (lidocaine patch). After the stroke he required high cholesterol medication (vytorin) and aspirin. Following the initial injury and stroke the injured worker developed persistent memory deficits, chronic daily headaches, chronic pain in both shoulders, and chronic pain in both hips. Subsequent treatment included the addition of an antidepressant for chronic pain (trazodone), hypnotic medication (lunesta) for insomnia, and cosamin (chondroitin and glucosamine combination) to his existing regimen. Over the course of treatment the injured worker was not able to return to work. During the treatment course the treating physician noted failure of the hip pain, shoulder pain, and headaches to improve. A magnetic resonance imaging study of the brain was prescribed to further evaluate the headaches. The study was performed on June 21, 2012 and revealed decreased blood flow in the left vertebral artery. The injured worker's physical examination was significant for decreased range of motion of both shoulders. The treating physician documents the absence of pain in both shoulders and hips in progress notes between October 2013 and April 2014. Pertinent documents reviewed for the injury and treatment summary include utilization review application, utilization review decision, utilization review appeal, qualified medical examiner report, treating physician progress notes, [REDACTED] documents, and request for authorization documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cosamin DS TID: 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The California MTUS citation listed provides specific indications for glucosamine and chondroitin, Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Further, a randomized controlled trial is cited for additional guidance, Over 2 years, no treatment achieved the predefined clinically important difference from placebo in terms of joint space width (JSW) loss. The effect of the combination of glucosamine plus CS may be less active than the effect of each treatment singly. The treating physician has not described clinical evidence of significant pathology, as multiple progress notes document the absence of pain in both shoulders and hips. The use of cosamin DS three times daily is documented on a progress by the treating physician on December 10, 2013. However, a specific indication for its use is not documented and no other exam findings or documentation supporting its use is identified. As specific indications for cosamin DS are not present, it is not medically necessary as the injured worker does not meet the criteria described in the MTUS.