

<b>Case Number:</b>	CM15-0003502		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/24/2001
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 71 year-old male reported neck and back pain after an injury on 8/24/01. The diagnoses have included lumbar strain/sprain, degenerative lumbar disc disease, cervical strain/sprain, spondylosis, thoracic sprain/strain, carpal tunnel syndrome, and constipation from narcotic use. Treatment has included polypharmacy, physical therapy, traction and a back brace. Reports from the primary treating physician during 2014 reflect ongoing neck and back pain, ongoing use of the same medications, and non-working status. Per the primary treating physician report of 8/12/14, there was ongoing neck and back pain. Medications were stated to be Tylenol, Mobic, Flexeril used occasionally, and Colace to offset constipation side effect from medications. Per the report of 12/2/14, the injured worker had increased back and neck pain. Medications were stated to be Tylenol, Mobic, Flexeril, and Colace (prescribed due to narcotic use. No narcotics were listed). Glucosamine was stated to be an anti-inflammatory. The treatment plan included a renewal of prescriptions for glucosamine sulfate, Colace for constipation from medications prescribed, Mobic, Tylenol, and Flexeril, physical therapy with traction for increased pain in the back and neck, and a lumbar corset. Per the Request for Authorization of 12/8/14, it appears that glucosamine was prescribed for cervical sprain. There was no listing of osteoarthritis. On December 17, 2014 Utilization Review non-certified glucosamine sulfate, Colace, 12 visits of physical therapy and a lumbar corset. The Colace, physical therapy, and glucosamine were non-certified based on the MTUS Chronic Pan Guidelines. The Utilization Review noted that there was no evidence of prescriptions for narcotics. The lumbar corset was non-certified based on the

MTUS and the Official Disability Guidelines. Utilization Review certified Mobic, Flexeril, Tylenol, and 10 visits of physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Glucosamine sulfate 500mg quantity 120:** 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 (and Chondroitin Sulfate). Page(s): 50.

**Decision rationale:** The treating physician is prescribing glucosamine without clear indications. The MTUS recommends glucosamine for arthritis (primarily of the knee), and the glucosamine should be of a specific type defined in the MTUS. The patient does not have a clearly defined arthritis condition. There is no evidence of benefit from taking this supplement. The form of glucosamine used in this case may not be the proper form recommended in the MTUS, as the MTUS describes a specific chemical form on which medical evidence is based and the treating physician has not discussed the nature of the ingredients. Other forms lack scientific credibility. Glucosamine is not medically necessary based on the MTUS.

**Colace 100mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.webmd.com/drugs/2/drug-4576/colace-oral/details](http://www.webmd.com/drugs/2/drug-4576/colace-oral/details)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated.

**Decision rationale:** The treating physician has stated that there is constipation due to narcotics (some reports), and constipation due to [unspecified] medications (other reports). There is no record of any opioids prescribed to this injured worker. The treating physician has not described any of the details of any constipation condition, including any specific medications causing the condition. The MTUS recommends laxatives for patients taking opioids, which is not the case here. As such, the treating physician has not provided an adequate basis for ongoing use of Colace and it is not medically necessary.

**Physical therapy; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine. Page(s): 9,98-99. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, Low Back, 4/7/08, Page 146, traction

**Decision rationale:** Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has stated that the current physical therapy prescription is for treating pain. No other reason is given. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription for 12 visits exceeds the quantity recommended in the MTUS (up to 10). Traction is specifically not recommended in the MTUS and other guidelines, per the citations above. The Physical Medicine is not medically necessary based on the MTUS and other guidelines, the prescribing of traction, and the lack of sufficient emphasis on functional improvement.

**Lumbar corset:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com/odgtwc/low\\_back.htm#lumbarsupports](http://www.odg-twc.com/odgtwc/low_back.htm#lumbarsupports)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ACOEM Guidelines, Update 4/7/08, Low Back Chapter, lumbar supports .

**Decision rationale:** The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. The lumbar corset is therefore not medically necessary.