

<b>Case Number:</b>	CM15-0190598		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on 4-10-07. The documentation on 8-26-15 noted that the injured worker has complaints of low back pain radiating down her right leg to her foot and right leg pain with burning in the bottom of her right leg and foot. The documentation noted that the ultram decreases the injured workers pain 50 percent for 4 to 6 hours and the lidoderm patch decreases her nerve pain 70 percent for 8 hours. The injured worker is able to do her activities of daily living with less pain. The diagnoses have included sprain of lumbar. Treatment to date has included ultram; lidoderm patch; omeprazole helps relieve the dyspepsia; anaprox; tylenol ES; gabapentin; nortriptyline; celexa and topamax. The Controlled Substance Utilization Review and Evaluation System report is consistent with medications prescribed. The original utilization review (9-23-15) non-certified the request for glucosamine with chondroitin, twice a day, #72.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine with Chondroitin, twice a day, #72:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** Based on the 9/16/15 progress report provided by the treating physician, this patient presents with low back pain radiating down right leg/foot rated 3-5/10 on VAS scale, right leg pain with numbness/weakness in right leg and burning in bottom of right leg/foot rated 3-6/10 on VAS scale. The treater has asked for GLUCOSAMINE WITH CHONDROITIN, TWICE A DAY, #72 on 9/16/15. The request for authorization was not included in provided reports. The patient is s/p spinal surgery consultation and a consistent CURES report per 9/16/15 report. The patient states that Ultram decreases her pain 50% for 4-6 hours, Lidoderm patches decrease nerve pain 70% for 8 hours, and Prilosec helps relieve dyspepsia she has with Anaprox per 5/29/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Glucosamine (and Chondroitin Sulfate) section, page 50 states: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." The treater does not discuss this request in the reports provided. In regard to the request for the Glucosamine, such medications are not indicated for this patient. This patient presents with low back pain and neuropathic pain in her right leg/foot, not an osteoarthritis complaint amenable to Glucosamine. MTUS guidelines provide for support of this medication in patients with osteoarthritis, especially knee osteoarthritis, though there is no indication that this patient presents with such complaints. Without evidence of an existing indication for the requested Glucosamine, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.