

Case Number:	CM15-0193231		
Date Assigned:	10/07/2015	Date of Injury:	02/02/2001
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hospice & Palliative 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:

The injured worker is a 71 year old male who sustained an industrial injury 02-02-01. A review of the medical records reveals the injured worker is undergoing treatment for posttraumatic arthritis of the right knee. Medical records (06-29-15) reveal "he had a fair response to his corticosteroid injection." His pain is not rated. The physical exam (06-29-15) reveals range of motion in the knee is limited. There is positive crepitus and mild swelling with no effusion. There is diffuse tenderness along the medial joint compartment and some laxity noted to varus stress testing. Prior treatment includes medications, and a knee brace. The original utilization review (09-22-15) non certified the request for a 90 day supply of Cosamin DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cosamin DS, 90 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Cosamin-DS: Joint health supplement. Nutramax Laboratories, Consumer Care incorporated. <http://www.nutramaxlabs.com/your-health-home/joint-health/cosamin-ds>, accessed 11/13/2015.

Decision rationale: Cosamin-DS is a combination medication containing glucosamine 1.5g, chondroitin 1.2g, vitamin C 6mg, and manganese 1mg. The MTUS Guidelines suggest the option of glucosamine for moderate arthritis pain management, especially knee pain due to osteoarthritis. The literature has shown the combination with chondroitin sulfate may be effective in a subgroup of people with moderate to severe knee pain, although these studies were limited and of poor quality. The submitted and reviewed documentation indicated the worker was experiencing pain in the upper and lower back and arms, problems sleeping, constipation, and anxious and depressed moods. The documented pain assessments were minimal and did not include many of the elements encourage by the Guidelines. There was no discussion detailing the reason this combination medication was needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a ninety-day supply (an unspecified number of tablets) of Cosamin-DS (glucosamine 1.5g, chondroitin 1.2g, vitamin C 6mg, manganese 1mg) is not medically necessary.