

<b>Case Number:</b>	CM13-0014420		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/20/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 patient is a 56-year-old male who reported an injury on 10/20/2007. The mechanism of injury was not provided in the clinical records. The patient's initial course of history was not provided; however, it is noted that the injury was to the lumbar spine. MRI of the lumbar spine performed on 10/23/2007 was noted to reveal a large disc extrusion at the L4-5 level causing severe bilateral neural foraminal narrowing. There was also note of degenerative disc disease with facet hypertrophy. MRI performed 04/21/2008 reported the same findings. The patient's surgical history includes a lumbar discectomy and decompression at L4-5 on 12/10/2007. The patient states this surgery reduced his pain by 25% and left leg weakness decreased; however, he has continued to have ongoing left leg pain described as severe and numb. He also has received 2 hip replacements, not industrially related. The patient has a history of polysubstance abuse and psychological disability. His current diagnoses include lumbar spinal stenosis; lumbar degeneration; lumbar disc displacement without myelopathy; cervical disc displacement; long-term use of medication. Current medications include ketamine 5% cream apply to affected area 3 times daily, hydrocodone/APAP 10/325 mg 1 tablet every 8 hours; cyclobenzaprine-Flexeril 7.5 mg take 1 twice daily; Synovacin-glucosamine sulfate 500 mg take 1 with food every 8 hours; Topamax 25 mg, 1 every 12 hours for 2 weeks then increase as tolerated to 2 tablets every 8 hours; Lisinopril 20 mg once daily; metformin hydrochloride ER 500 mg 1 daily; and metoprolol tartrate 50 mg 1 twice daily. There were no other recent medical records included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovacin-Glucosamine Sulfate 500 mg #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:** California MTUS Guidelines recommend the use of glucosamine sulfate as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for glucosamine sulfate in regard to joint space narrowing, pain, mobility, safety, and response to treatment; however, the only supporting studies were done to the knees. There is not available information on the effects of glucosamine sulfate as it relates to any other body part. As such, there is no supporting documentation for the use of glucosamine sulfate in the treatment of the lumbar spine or hips. Therefore, the request for Synovacin-glucosamine sulfate 500 mg #90 is non-certified.