

<b>Case Number:</b>	CM13-0062905		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/22/1999
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 77 year old male with an injury date on 08/22/99. Based on the 11/14/13 progress report provided by [REDACTED], the patient's diagnosis include lumbar spondylosis, chronic low back pain, lumbar radiculopathy, bilateral knee degenerative joint disease, and depression. [REDACTED] is requesting one prescription of oxycodone 5 mg #60 between 11/14/13 and 01/21/14. The utilization review determination being challenged is dated 11/26/13 and recommends denial of the Oxycodone. [REDACTED] is the requesting provider, and he provided treatment reports from 02/20/13-12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF OXYCODONE 5MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone (OxyIR capsule; Roxicodone Tablets; generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89.

**Decision rationale:** According to the 11/14/13, progress report provided by [REDACTED], the patient present with lumbar spondylosis, chronic low back pain, lumbar radiculopathy, bilateral knee degenerative joint disease, and depression. The request is for one prescription of Oxycodone 5 mg #60 between 11/14/13 and 01/21/14. [REDACTED] 11/14/13 progress report states that the patient's medications allow him to function on a daily basis. He is able to

do light household work such as vacuuming, laundry, cooking, and some grocery shopping. His opioid analgesic medications do improve his daily function. There were no pain scales provided. The request was denied by utilization review dated 11/26/13. There is no rationale provided as to why the request was denied. According to MTUS, pages 8-9, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, documentations with numeric scales and functional measures have not been provided. The request for Oxycodone is not medically necessary.

**GLUCOSAMINE CHONDROINTIN DS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Glucosamine/Chondroitin for Arthritic Knee Pain.

**Decision rationale:** This patient presents with lumbar spondylosis, chronic low back pain, lumbar radiculopathy, bilateral knee degenerative joint disease, and depression. There is a request for Glucosamine Chondroitin. When reading ODG Guidelines regarding glucosamine chondroitin, "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)." Although arthritis in the knee is documented, the provider does not have a specific request for either glucosamine with sulphate or with hydrochloride. Glucosamine sulphate has enough evidence to be approved for a patient with knee arthritis; however, glucosamine hydrochloride does not have enough evidence for authorization. Since the provider did not specify whether the glucosamine would contain sulphate or hydrochloride, the request for Glucosamine Chondroitin is not medically necessary.