

<b>Case Number:</b>	CM15-0175491		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/13/1972
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 64 year old male, who sustained an industrial injury, May 13, 1972. According to the progress note of June 1, 2015 the injured worker was taking Cosamin, but there was no documentation as to why or any benefit from taking this medication. According to progress note of July 8, 2015, the injured worker's chief complaint was low back pain and lower extremity pain. The injured worker rated the pain at 5 out of 10. The injured worker slept 4-5 hours per night. The physical exam noted cervical spine tightness. The lumbar spine had no spasms. The straight leg raises were positive at 25 degrees on the right and negative on the left. The injured worker was undergoing treatment for failed back syndrome, status post multiple back surgeries, rule out radiculopathy, emotional factors, epidural fibrosis, complications from epidural abscess, chronic pain syndrome, chronic discogenic pain syndrome and secondary myofascial syndrome. The injured worker previously received the following treatments Celebrex, B-50 vitamins, Tenormin, Lunesta, Effexor, Plavix, Wellbutrin, Omeprazole, Alprazolam, Androgel, Norco, Oxycodone, Cosamin and Trazodone. The RFA (request for authorization) dated the following treatments were requested prescription for Cosamin DS capsules. The UR (utilization review board) denied certification on August 18, 2015; due to not recommended for chronic low back pain, therefore not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cosamin DS Capsule:** 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:** Per MTUS CPMTG with regard to glucosamine and chondroitin sulfate: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The medical records submitted for review do not indicate that the injured worker is suffering from arthritis pain. As such, the request is not medically necessary.