

<b>Case Number:</b>	CM15-0062892		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/18/1980
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, 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 is a 69 year old male, who sustained an industrial injury on 09/18/1980. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar stenosis, lumbar spondylolisthesis, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Treatment to date has included medication regimen. In a progress note dated 02/21/2015 the treating physician reports complaints of low back pain that radiates to the bilateral legs and with associated symptoms of numbness and tingling. The pain was also noted to spread across the low back and to the sacroiliac joints. The pain is rated a four to eight out of ten without medications and a zero to one out of ten with medications. The treating physician requested Glucosamine Chondroitin 500/400mg with a quantity of 90 with the treating physician indicating that this treatment is recommended for moderate to severe knee pain along with its low risk and high efficacy for joint space narrowing, pain, mobility, safety, and response to treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine Chondroitin 500/400mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 50 of 127.

**Decision rationale:** Regarding the request for glucosamine/chondroitin, CA MTUS states that it is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine/chondroitin would be supported by the CA MTUS. In the absence of such documentation, the currently requested glucosamine/chondroitin is not medically necessary.