

Case Number:	CM13-0020382		
Date Assigned:	10/11/2013	Date of Injury:	07/26/2004
Decision Date:	01/13/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and 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.

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 57-year-old male with a reported date of injury on 07/26/2004. The patient presented with left shoulder pain, right knee pain, left knee pain, low back pain with radiation to the lower extremities and hips, bilateral hip pain, neck pain, tenderness upon palpation over the right medial joint line and patellar region of the right knee, a positive straight leg raise on the left, decreased sensation in the left C6 distribution, and a positive Spurling's test. Reflexes were normal. The patient had normal curvature of the cervical spine, paraspinal muscles were without tenderness, the patient had no appreciable trigger points in the cervical spine region, and the patient was negative for weakness. The patient had diagnoses including chronic right knee pain, chronic left knee pain, and lumbar strain with lumbar radiculitis bilaterally, cervical strain with recent left cervical radiculitis and paresthesia of the left hand, cervicogenic headaches, left shoulder strain with torn rotator cuff, right shoulder strain, bilateral hip pain, secondary depression, anxiety, and insomnia, and secondary constipation. The physician's treatment plan included request for Senakot, Percocet 10/325 mg #120, a 4 wheel walker, and 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senakot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and MedlinePlus, Senna Page(s): 77.

Decision rationale: The California MTUS Guidelines note during the initiation of opioid therapy, prophylactic treatment of constipation should be initiated. MedlinePlus notes senna is used on a short-term basis to treat constipation as well as to empty the bowels before surgery and certain medical procedures. Senna is in a class of medications called stimulant laxatives and it works by increasing activity of the intestines to cause a bowel movement. Frequent or continued use of senna may cause dependence on laxatives and cause patients bowels to lose their normal activity. Per the provided documentation, it appeared the patient had been utilizing Senokot since 2012; frequent or continued use of the medication is not recommended, as it can cause dependence. Therefore, the request for Senokot is neither medically necessary nor appropriate.

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The patient's pain level without medication was noted to be 9/10 to 10/10 and with medication is was noted to be 5/10 to 6/10. The provider noted the patient's medication was helpful. However, within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, how long pain relief lasts, and how long it takes for pain relief. Within the provided documentation, the requesting physician did not include adequate documentation of significant improvement in functional status as evidenced by objective functional improvements with the use of the medication. Therefore, the request for Percocet 10/325 mg #120 is neither medically necessary nor appropriate.

A four (4) wheel walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Walking Aids Section.

Decision rationale: The California MTUS Guidelines and ACOEM do not address the use of four wheeled walkers. The Official Disability Guidelines (ODG) notes almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. The provider noted the request for a 4 wheel walker was a re-request as the patient was unable to walk any length, even 5 feet to 10 feet, without losing his balance and falling because the patient was unable to put pressure on his knee due to a torn meniscus and other injuries to the knee. Per the provided documentation, a 4 wheel walker was previously certified in 02/2013. Within the documentation, the requesting physician's rationale for a second 4 wheeled walker was unclear. Therefore, the request for a 4 wheeled walker is neither medically necessary nor appropriate.

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The provider noted the physical therapy was requested specifically for left shoulder rehabilitat.

Decision rationale: The provider noted the physical therapy was requested specifically for left shoulder rehabilitation. The patient's left shoulder range of motion was assessed and documented as follows, 80 degrees of abduction, 20 degrees of adduction, 80 degrees of flexion, and 20 degrees of extension. The California MTUS guidelines note, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Pain relief is often a patient's first concern. Nonprescription analgesics may provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Instruction in home exercise, except in cases of unstable fractures, acute dislocations, instability or hypermobility, patients can be advised to do early pendulum or passive ROM exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. While the patient did show limited range of motion in the left shoulder, the guidelines recommend patients should undergo a 6 visit clinical trial of physical therapy followed by an assessment of the patient's complete objective functional condition in order to demonstrate

improvements as well as remaining deficits with the course of physical therapy prior to continuing physical therapy. The request for 12 sessions of physical therapy would exceed the guideline recommendations. Therefore, the request for physical therapy 12 sessions is neither medically necessary nor appropriate.