

<b>Case Number:</b>	CM14-0014436		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Orthopedic Surgery, 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 injured worker is a 30-year-old male with a reported injury on 04/27/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/10/2013 reported that the injured worker complained of neck and right shoulder pain accompanied with a numbness and tingling sensation and lower back pain. The physical examination revealed the cervical spine range of motion demonstrated flexion to 42 degrees, extension to 40 degrees, right rotation to 35 degrees, left rotation to 38 degrees, right lateral flexion to 40 degrees and left lateral flexion to 45 degrees. The range of motion to the injured worker's lumbar spine demonstrated flexion to 40 degrees, extension to 5 degrees, right lateral flexion to 5 degrees and left lateral flexion to 8 degrees. It was reported the injured worker had a positive straight leg raise in the supine position bilaterally. The injured worker's diagnoses included cervical disc syndrome; cervical spine sprain/strain; right shoulder sprain/strain; rule out right shoulder impingement syndrome; rule out right hand carpal tunnel syndrome; lumbar microdiscectomy on 02/21/2013; failed back syndrome; low back syndrome; lumbar disc syndrome; lumbar radiculitis; foot drop; sleep disturbance; anxiety and depression. It was reported that the injured worker ambulates with a single-point cane. The specifics of the injured worker's gait were not provided within the clinical notes. The provider requested a single-point cane and four wheeled walker for stability and Norco for the treatment of pain. The Request for Authorization was submitted on 02/04/2014. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **SINGLE-POINT CANE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

**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 (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The request for a single-point cane is non-certified. The injured worker complained of neck, right shoulder and low back pain. The treating physician's rationale for a single-point cane is for stability. The Official Disability Guidelines recommend walking aids (canes, crutches, braces, orthoses, & walkers). 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. In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits indicating the requirement of a single-point cane. Moreover, there is a lack of clinical information indicating the injured worker's improved ambulation and stability while utilizing the single-point cane. Furthermore, there is a lack of clinical evidence indicating the injured worker has been appropriately educated on the proper utilization of a cane to include correct hand and adequate speed while ambulating with a cane. It is also noted that the injured worker already possesses a single-point cane, the rationale for an additional cane was not provided within the clinical notes. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity. As such, the request is non-certified.

## **FOUR WHEELED WALKER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee (Acute & Chronic).

**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 (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The request for a four wheeled walker is non-certified. The injured worker complained of neck, right shoulder and lower back pain. The treating physician's rationale for a four wheeled walker was for stability. The Official Disability Guidelines recommend walking aids (canes, crutches, braces, orthoses, & walkers). 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. Frames or wheeled walkers are preferable for patients with bilateral disease. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits indicating the requirement of a four wheeled walker. The guidelines recommend a walker for injured workers that have a bilateral disease, there is a lack of clinical information indicating the specific bilateral disease the four wheeled walker was recommended for. It is also noted that the injured worker ambulates utilizing a cane, the rationale for an additional walking DME was not provided. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is non-certified.

**NORCO 10/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg #60 is non-certified. The injured worker complained of neck, right shoulder and low back pain. The treating physician's rationale for Norco is for the treatment of pain. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization or frequency of the medication being requested. As such, the request is non-certified.