

Case Number:	CM15-0116137		
Date Assigned:	06/24/2015	Date of Injury:	03/08/2013
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on March 8, 2013. The injured worker was diagnosed as having cervical strain/sprain with radiculitis, disc bulge, stenosis and degenerative changes, lumbar strain/sprain with radiculitis, disc bulge and degenerative disc disease (DDD) and psychiatric and gastrointestinal (GI) upset. Treatment to date has included medication. A progress note dated April 21, 2015 provides the injured worker complains of neck and back pain with numbness and weakness. He rates the pain 4-5/10. Pain with medication is 3-5/10 with duration of 4-8 hours and 8/10 without medication. He has difficulty sleeping. Physical exam notes an antalgic gait and cervical tenderness on palpation with guarding and decreased range of motion (ROM). There is decreased sensation. The lumbar and paraspinal area is tender to palpation with spasm and guarding. Straight leg raise is positive and range of motion (ROM) is decreased. The plan includes Norco, Neurontin, Sonata and a four prong cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four prong 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 and Leg Chapter, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, walking and mobility aids.

Decision rationale: The injured worker is a 55 year old male injured on March 8, 2013. The injured worker was diagnosed as having cervical strain/sprain with radiculitis, disc bulge, stenosis and degenerative changes, lumbar strain/sprain with radiculitis, disc bulge and degenerative disc disease (DDD) and psychiatric and gastrointestinal (GI) upset. As of April 21, 2015, the injured worker complains of neck and back pain with numbness and weakness. He rates the pain 4-5/10. He has difficulty sleeping. No other detail is noted. There is an antalgic gait. Regarding walking aids like a four prong cane, the ODG notes: Recommended, as indicated below. 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. (Van der Esch, 2003) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) In this case, how the cane is being used is not discussed; if not used properly, more harm than good could result. The request is not medically necessary.

Sonata 10mg #30: 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), Non- Benzodiazepine sedative hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, insomnia medicines.

Decision rationale: The injured worker is a 55 year old male injured on March 8, 2013. The injured worker was diagnosed as having cervical strain/sprain with radiculitis, disc bulge, stenosis and degenerative changes, lumbar strain/sprain with radiculitis, disc bulge and degenerative disc disease (DDD) and psychiatric and gastrointestinal (GI) upset. As of April 21, 2015, the injured worker complains of neck and back pain with numbness and weakness. He rates the pain 4-5/10. He has difficulty sleeping, but no further detail is noted. The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed

pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the degree, type and depth of insomnia is not known. It is not clear this is a short term usage. The request is not medically necessary.