

<b>Case Number:</b>	CM13-0026772		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/23/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine and Rehabilitation 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 patient is an employee of [REDACTED] and has submitted a claim for cervical discopathy associated with an industrial injury date of December 23, 2008. A utilization review from September 11, 2013 denied the request for medication refill due to lack of specific information and full-size orthopedic mattress due to no indication for this request. Treatment to date has included physical therapy, lumbar fusion, epidural steroid injections, and opioid and non-opioid pain medications. Medical records from 2013 were reviewed showing the patient complaining of neck and low back pain which affects activities of daily living. The pain is relieved by medications, heat, cervical pillow, rest, and changing positions. There is noted complaints of numbness and tingling to the left leg and to the toes. Physical exam demonstrated decreased range of motion for the cervical and lumbar spines. There was tenderness on palpation of the paracervical musculature. Muscle tightness was noted for the upper back. There was right upper extremity numbness, and mild median neuropathy at the right wrist. There was decreased sensation in the right foot, thigh, and calf. Weakness was notable at L3-L4, L4-L5, and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION REFILL FOR PAIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** As stated on page 7 of the California MTUS Chronic Pain Medical Treatment Guidelines, using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as identifying comorbidities that might predict an adverse outcome. In this case, the patient has cervical and lumbar spine pain. However, the request is not specific for a single drug nor are there specifics for frequency, dosage, and duration. Therefore, the request for medication refill is not medically necessary.

**FULL SIZE ORTHOPEDIC MATTRESS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress selection.

**Decision rationale:** The CA MTUS does not address this request specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, Low Back Chapter, Mattress selection. ODG states there are no high-quality studies support purchase of any type of specialized mattress or bending as a treatment for low back pain. In this case, the patient has low back pain. However, there is no discussion concerning the prescription of this mattress nor is there a specific need for variance from the guidelines. Therefore, the request for a full size orthopedic mattress is not medically necessary.