

<b>Case Number:</b>	CM13-0033738		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/03/2004
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Occupational Medicine and is licensed to practice in California, Ohio 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. 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple prior lumbar spinal fusion surgeries; fusion hardware removal surgery; long and short-acting opioids; and extensive periods of time off of work. In a September 9, 2013 progress note, the applicant presents with chronic low back pain. He is described as having iatrogenic opioid dependency. He is given prescriptions for Neurontin, Zanaflex, Cymbalta, Percocet, and OxyContin. An orthopedic bed mattress is endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An orthopedic mattress:** 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), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter, General Principles of Treatment, Specific Treatment Interventions..

**Decision rationale:** The MTUS does not address the topic of mattresses, beds, or the like. As noted in the Third Edition ACOEM Guidelines on chronic pain, specific beds or other commercial products are not recommended for treatment of chronic pain syndromes. While the applicant should select those beds and/or mattresses which are most comfortable for him/her, this is, per ACOEM, a matter of personal preference as opposed to a matter of medical necessity. Therefore, the request remains non-certified, on independent medical review.