

Case Number:	CM13-0038239		
Date Assigned:	12/18/2013	Date of Injury:	12/23/2000
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

This is a 57 year-old female with date of industrial injury 12/23/2000 by unknown mechanism. There was an aggravation on 4/26/2012 when the employee's left knee gave way and she reinjured her wrists and incurred shoulder and forearm strains. Her diagnoses include carpal tunnel syndrome, bilateral, derangement of left knee with ligamentous and meniscus damage plus degenerative joint disease, bilateral shoulder pain, morbid obesity, diabetes mellitus, depressive disorder, generalized anxiety disorder, chronic lumbar syndrome. Recent findings and complaints are tender wrists, positive Phalens and Tinel's signs, bilateral, reduced range of motion wrists, continued numbness and tingling with pain in wrists. Multilevel facet arthropathies as well as degenerative and disc abnormalities were seen on MRI studies and chronic low back and midback pain were recorded although on the latest primary treating physician documentation, back pain is not mentioned. Prior treatment has consisted of medications (Butrans patches, Elavil, and Norco), aquatic therapy, home exercise, and knee bracing. The provider is requesting an orthopedic mattress at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

one 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 - Lumbar and Thoracic (Acute and Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); the ACOEM Guidelines - 3rd Edition, Chronic Pain section, Official Disability Guidelines (ODG) -TWC Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14): Mattres

Decision rationale: Regarding the request for (1) Orthopedic Mattress, the guidelines do not support this request. ODG states: Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqua) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. Also ACOEM indicates that specific beds and/or commercial sleep products are not recommended for the treatment of chronic pain syndrome, as is present here in this employee. There are no studies of significance documenting the effectiveness of an orthopedic mattress for treatment of chronic back problems. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The request for 1 orthopedic mattress is not medically necessary and appropriate.

Colace 100mg # 90: Overturned

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 - Lumbar and Thoracic (Acute and Chronic), Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), ODG-TWC-Pain (Chronic) (Updated 1/172014)-Opioid-induced constipation treatment; and Medline Plus Guidelines

Decision rationale: According to Medline Plus, Colace is a Stool softener and is used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. They soften stools, making them easier to pass. Stool softeners come as a capsule, tablet, liquid, and syrup to take by mouth. A stool softener usually is taken at bedtime. Although the clinical data presented do not document symptoms of constipation or the use of dietary manipulation, bulk-forming laxatives, emollients, osmotic laxatives or stimulants in this diabetic patient, CA-MTUS and ODG allows the use of stool softeners as needed in the presence of chronic opioid therapy as is present in this patient. There is commentary that constipation may occur, and although there is no documentation that it was present in this diabetic patient, the medication was prescribed as a prophylactic treatment of constipation induced by the use of opioids. Recommended standard therapy listed includes fiber supplementation, and the use of hyperosmotic agents (such as lactulose or sorbitol and stool softeners). Therefore, in the presence of chronic opioid therapy, the request for Colace 100 mg #90 is found to be medically necessary and appropriate.

