

Case Number:	CM13-0059016		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2003
Decision Date:	03/27/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 underlying date of injury in this case is over a decade old at 07/13/2003. The date of the original utilization review was 10/29/2013. On 10/01/2013, the patient was seen in follow-up by the treating orthopedic surgeon. The patient was noted to have continuing complaints of low back pain radiating to the legs with some continued weakness and pain in his left leg. The patient was noted to have been taking medication with some benefit; the duration of medication treatment was not specifically stated. The treating diagnoses were reported as lumbar radiculopathy, syrinx, epidural fibromatosis, right shoulder impingement syndrome; status post left knee arthroscopy, and status post manipulation under anesthesia of the left shoulder. The treating physician noted the patient had continued complaints of low back pain with radiation to his legs with some continued weakness and pain in his legs. The treating provider reported that the patient had been taking medication with some benefit. On exam, the patient had lumbar flexion of 80 degrees with extension to 10 degrees and lateral bending to 30 degrees. Strength was globally intact. The treating provider felt that the patient remained symptomatic. Ultram, Norflex, and Voltaren were refilled. Also the treating provider reported that the patient had difficulty sleeping at night due to his back pain. He requested that the patient be provided with an orthopedic mattress and box springs set. An initial utilization review noted that the medical records did not identify quantifiable pain relief and functional improvement or discuss appropriate medication use and aberrant behavior, and therefore Ultram was not indicated. That reviewer also noted that the documentation did not identify an acute exacerbation of pain to support indication for a muscle relaxant. That reviewer also noted that there were no high-quality studies identified to support the purchase of a specialized mattress or bedding as treatment for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Ultram 50mg, 1 tab b.i.d #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management recommends documentation of the four A's of opioid monitoring of analgesia, activities of daily living, adverse side effects, and aberrant behaviors. The medical records at this time contain very limited and subjective discussion of past benefits of Ultram. The reported benefits of this medication are not apparent. The specific side effects and the efforts at monitoring aberrant behavior are not indicated in the medical records. The guidelines for opioid management have not been met. The request for a refill of Ultram 50mg, 1 tab b.i.d # 60 is not medically necessary and appropriate.

Norflex 100mg b.i.d #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on muscle relaxants recommends the use of non-sedating muscle relaxants for short-term use in patients with chronic low back pain. In this case, Norflex has been prescribed for chronic use without a clear rationale as to an exception of the guidelines. Moreover, the medical records contain very limited information regarding the specific perceived or observed benefit supporting the use of this medication on a chronic basis. The medical records request renewal for this medication as a chronic medication; the specific duration of use and particular benefit of the medication is not apparent. The request for Norflex 100mg b.i.d # 60 is not medically necessary and apparent.

Orthopedic mattress and box spring set: 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)

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

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss mattresses or bedding. The Official Disability Guidelines, low back chapter does discuss mattress selection, noting, "There are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment of low back pain...Mattress selection is subjective and depends on personal preferences and individual factors." The treating physician did not provide alternate rationale to support an indication for mattress as a form of medical treatment. This treatment request is not supported by the treatment guidelines. The request for an orthopedic mattress and box spring is not medically necessary and appropriate.