

Case Number:	CM13-0061787		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2004
Decision Date:	06/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of October 31, 2004. A utilization review determination dated November 14, 2013 recommends non certification for a queen-size mattress and soma. A progress report dated November 1, 2013 identifies subjective complaints of pain in the neck, lower back, and left leg. The patient complains of muscle spasms and radicular symptoms. She went to the mattress store and tried some therapeutic firm mattresses which really helped her. The patient's current medications include Zanaflex, Soma, and diazepam. Physical examination identifies tenderness to palpation over the lumbar paraspinal muscles and facet joints. Straight leg raise is positive on the left. Assessment includes lumbar radiculopathy, lumbar disc degeneration, and lumbar disc displacement. The treatment plan recommends a Toradol intramuscular injection, therapeutic firm mattress, and continuing the current medications. A progress report dated September 3, 2013 indicates that the patient is using Soma, Zanaflex, and Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUEEN SIZE MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Low Back Chapter).

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 Pain Chapter, Mattress Selection.

Decision rationale: Regarding the request for Queen Size Mattress, California MTUS and ODG do not contain criteria for the purchase of a bed. ODG guidelines state that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, in the absence of guideline support for the purchase of any mattress or bedding, the currently requested Queen Size Mattress is not medically necessary.

SOMA 350MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma (carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.