

Case Number:	CM14-0013432		
Date Assigned:	02/26/2014	Date of Injury:	02/10/2006
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 & 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 a 59-year-old male, who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of February 10, 2006. The patient complains of low back pain with radiation along the posterolateral dermatomes all the way down to the big toe. This was accompanied by tingling, numbness and weakness in the left leg. Previous progress reports also showed continuing neck pain rated 7/10, which shoots down the left arm. He was also recently complaining of increasing pain and decreased sensation in the left forearm. A physical examination revealed limitation of motion of the lumbar spine, with muscle guarding. The diagnoses include lumbar disc displacement with radiculitis; cervical disc displacement with radiculitis; degeneration of lumbar disc; and low back pain. The treatment plan includes requests for a Valium and Norco refill. A King Sleep Number Bed was also requested to alleviate pressure and pain of the neck and low back. The treatment to date has included oral analgesics, physical therapy, massage, home exercise program, and cervical and lumbar epidural steroid injection. The utilization review from January 24, 2014, denied the requests for Valium 10mg, because the guideline does not recommend long-term use; Norco 325mg, because there was no significant pain relief and functional improvement with its use; and the King Sleep Number Bed for chronic lumbar pain, because there are no studies supporting that any type of specialized mattress is of benefit for patients with low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VALIUM 10MG, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four (4) weeks. Tolerance to hypnotic effects develops rapidly and may occur within weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, Valium intake was noted as far back as February 2013. However, there was no objective evidence of overall pain improvement and functional gains derived from its use. The guideline does not support long-term use as tolerance develops rapidly. Furthermore, the request did not specify the amount to dispense. There is no compelling rationale that may warrant continued use of this medication. Therefore, the request is not medically necessary.

PRESCRIPTION OF NORCO 325MG FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; On-Going Management Page(s): 78-82.

Decision rationale: The Chronic Pain Guidelines indicate that there is no support for ongoing opioid treatment, unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco intake was noted as far back as February 2013. However, there was no objective evidence of continued analgesia and functional improvement derived from its use. There were also no urine drug screens done to monitor for aberrant drug taking behaviors based on the medical records provided. There is no compelling rationale concerning the need for variance from the guideline. Moreover, the request did not specify the amount to dispense. Therefore, the request for is not medically necessary.

KING SLEEP NUMBER BED FOR THE LUMBAR SPINE: 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), Low Back, Mattress Selection.

Decision rationale: The Official Disability Guidelines indicate that in a mattress selection, it is not recommended to use firmness as a sole criterion. 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. In this case, a King Sleep Number Bed was requested to alleviate pressure and pain of the neck and low back. However, there is a lack of evidence-based literature that would support the use of specialized mattresses for low back pain. The guideline does not support purchase as selection is subjective. The medical necessity has not been established due to lack of compelling evidence to support its use. Therefore, the request is not medically necessary.