

<b>Case Number:</b>	CM14-0014703		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/25/1991
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Occupational Medicine 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 61 year-old male who has filed a claim for lumbar post laminectomy syndrome associated with an industrial injury date of September 25, 1991. A review of progress notes indicates low back pain radiating to the bilateral lower extremities. Patient also complains of anxiety, morning stiffness, muscle spasms, and numbness. Reported medication side effects include constipation, dizziness, drowsiness, and insomnia. Findings include a mildly obese patient with a stooped, wide-based gait. There was decreased lumbar range of motion, spasm and trigger points over the thoracic and lumbar musculature, positive lumbar facet loading bilaterally, tenderness over the sacroiliac spine bilaterally, and deep buttock pain upon internal rotation of the femur. The treatment to date has included NSAIDs, Soma, sedatives, opioids, and lumbar spinal surgery (date unspecified). A utilization review from January 28, 2014 denied the requests for [REDACTED] bed with adjustable base as there is no guideline support for any particular bed; additional PT x 8-12 as there is no documentation of improvement from the previous PT sessions; Soma 350mg #90 as it is not recommended; and Zantac 150mg #90 as there are no upper GI diagnoses or symptoms, or factors of increased risk of GI side effects. There is modified certification for methadone 10mg for #60 as there is no documentation of improvement with this medication, and thus weaning was initiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] BED WITH ADJUSTABLE BASE: 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, Mattress selection.

**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 chapter, Mattress selection ; Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Hospital Beds and Accessories.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, it is not recommended to use firmness as a sole criteria for mattress selection. In addition, Aetna considers hospital beds and accessories medically necessary durable medical equipment for patients who meet any of the following: if the patient's condition requires positioning of the body in ways not feasible in an ordinary bed; if the patient's condition requires special attachments; and if the patient requires the head of the bed elevated > 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Variable height feature is necessary for patients with any of the following: severe arthritis and injuries to the lower extremities, severe cardiac conditions precluding the patient from straining to get up and down the bed; spinal cord injuries, limb amputees, and stroke; and other severely debilitating conditions. In this case, there is no documentation that the patient has limitations with ambulation, or of severe cardiovascular or pulmonary disease, that necessitates a special bed with adjustable base. There is no rationale to support this request. Therefore, the request for [REDACTED] bed with adjustable base was not medically necessary.

**PT (X8-12) (ADDITIONAL):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-9.

**Decision rationale:** Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. There is mention that this patient had previous physical therapy, but there is no documentation regarding these sessions, or the benefits derived from them. Also, the body part to which these sessions are directed to is not indicated in the request. Additional information is necessary at this time. Therefore, the request for PT (x8-12) additional was not medically necessary.

**SOMA 350 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) ; Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29; 65.

**Decision rationale:** According to Pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since at least April 2013. There is no documentation describing the benefits derived from this medication. Also, this medication is not recommended. Therefore, the request for Soma 350mg #90 was not medically necessary.

**ZANTAC 150 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Zantac).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and FDA was used instead. According to FDA, Zantac is indicated in short-term treatment of active gastric or duodenal ulcers, maintenance therapy for gastric or duodenal ulcers, and treatment of pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome and systemic mastocytosis), treatment of GERD, and treatment and maintenance of healing of erosive esophagitis. Patient has been on this medication since at least April 2013. There is no documentation of the abovementioned conditions, or of adverse upper GI symptoms, to support the continued use of this medication. Therefore, the request for Zantac 150mg #90 was not medically necessary.

**METHODONE 10 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** As noted on pages 61-62 of Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. There should be close monitoring of patients who receive methadone. Patient has been on this medication since at least April 2013. In this case, there is no documentation regarding symptomatic improvement or objective functional benefits derived

from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for methadone 10mg #120 was not medically necessary.