

Case Number:	CM14-0135385		
Date Assigned:	08/29/2014	Date of Injury:	04/02/2004
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 43-year-old female who reported an injury on 04/02/2004. The mechanism of injury was not provided. On 05/06/2014, the injured worker presented with bilateral SI joint pain status post lumbar spine fusion. Upon examination of the lumbar spine there was a well healed incision and positive tenderness over the bilateral SI joints with positive faber and a positive Patrick's sign. Prior therapy included aquatic therapy, surgery and medications. The provider recommended a TempurPedic mattress, Gabapentin, Prilosec and Cyclobenzaprine. The provider's rationale for the TempurPedic mattress was to help decreased pain medication. The Request for Authorization form was dated 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic 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: Mattress Selection, low back.

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 request for a TempurPedic mattress is not medically necessary. The California MTUS does not recommend mattress selection. 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. On the other hand, pressure ulcers may be treated by special support surfaces including beds, mattresses and cushions designed to redistribute pressures. As the guidelines do not recommend mattress selection, a TempurPedic mattress would not be indicated. The injured worker does not have a diagnosis or signs and symptoms of pressure ulcers that would be congruent with the guideline recommendations for a mattress selection. As such, medical necessity has not been established.

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for gabapentin 600 mg with a quantity of 90 and 3 refills is not medically necessary. The California MTUS Guidelines note that relief of pain with this use of this medication is generally temporary and measures of lasting benefit from this modality should include evaluating the effective pain relief in relationship to improvements in function and increased activity. The guidelines note gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Additionally, the efficacy of the previous use of the medication was not provided. The provider's request does not include the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, GI symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for Prilosec 20 mg with a quantity of 90 is not medically necessary. According to California MTUS Guidelines proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those seeking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendations for Prilosec. Additionally, the injured worker is not moderate to high risk for gastrointestinal events. There is lack of documentation of signs and symptoms related to gastrointestinal symptoms to warrant the use of Prilosec. Additionally, the efficacy of the prior

use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Cyclobenzaprine 60gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for cyclobenzaprine 60 gm tube is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site that the medication is indicated for, the frequency or the quantity in the request as submitted. As such, the request is not medically necessary.