

<b>Case Number:</b>	CM14-0137710		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/14/2009
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 51 year old male officer with a date of injury of 07/14/2009. In 1998 prior to this injury he had a microdiscectomy. In 2011 he had a L5-S1 fusion and in 11/2013 he had right shoulder surgery. . On 01/24/2014 he had chronic back pain with no radiation of the pain, muscle spasm, depression, anxiety, myalgia, right shoulder pain, post laminectomy syndrome/failed back syndrome and insomnia. On 06/27/2014 and on 07/27/2014 he continued to have chronic back pain with decreased range of motion. He noted that if he sleeps on the floor the back pain is better. He continues to work full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Number Flex Top King Series Bed:** 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) Treatment in Workers Comp 2012 on the Web ([www.odgtreatment.com](http://www.odgtreatment.com)), Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), (updated 02/14/12); Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014. Low back, mattress selection.

**Decision rationale:** MTUS does not discuss the use of a mattress to treat chronic back pain. ODG notes under back pain, mattress selection that, "There are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain." It does support specialized bedding for the treatment of pressure ulcers. There is no documentation of pressure ulcers in this patient. He is ambulatory. As such, the request is not medically necessary.

**Lunesta 2mg QTY: 30:** 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) Treatment in Workers Comp 2012 on the Web ([www.odgtreatment.com](http://www.odgtreatment.com)) Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)) (updated 4/19/14) ODG- Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved package insert, Lunesta.

**Decision rationale:** MTUS does not mention the use of Lunesta for back pain or insomnia. On 01/24/2014 and on 03/13/2014 the patient was taking Lunesta 3 mg daily. It is unclear how many months to years he has been taking Lunesta. The FDA approved package insert notes that Lunesta is approved for the treatment of insomnia for up to 6 months. The use of this medication for more than 6 months has not been determined to be safe and effective and is experimental and investigational treatment. As such, the request is not medically necessary.