

Case Number:	CM14-0152389		
Date Assigned:	09/22/2014	Date of Injury:	05/16/2009
Decision Date:	10/28/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 40-year-old male who reported an injury on 05/16/2009. Reportedly, when his tanker truck exploded. The injured worker sustained massive burns over most of his body. The injured worker's treatment history included medications, surgery, psychological evaluations, topical creams, and urine drug screens. The injured worker had a urine drug screen on 07/21/2014 that was positive for opioid usage. The injured worker was evaluated on 09/04/2014. It was documented the injured worker complained of pain on the entire left side of his body and headaches. The provider noted he has been authorized for the NESP-R program for narcotic detoxification. He stated that the Lyrica really helped him with the neuropathic pain. The injured worker's pain score was 8/10. Without pain medications, the injured worker's pain score was 10/10. With pain medications, the injured worker's pain score was 4/10. Objective findings; blood pressure was 106/70, pulse was 70, respiration was 12. The provider noted the injured worker had a urine drug screen on 08/12/2014 that was positive for nicotine, cotinine, oxymorphone, hydrocodone, hydromorphone and morphine. Diagnoses included status post motor vehicle accident, burn 70 to 79% of his body surface, chronic pain syndrome, prescription narcotic dependency, chronic pain related insomnia, chronic pain related anxiety, and chronic pain related depression. The Request for Authorization dated 09/04/2014 was for Opana ER 40mg #120 and 1 mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Opana is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency or duration of medication. In addition there was no documented evidence of conservative care, such as home exercise regimen outcome improvements, noted for the injured worker. Given the above, the request for Opana ER 40mg #120 is not medically necessary.

One 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, 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 mattress is not medically necessary. According to the Official Disability Guidelines (ODG) does not recommend to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body contour foam mattress (Tempura) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. Another clinical trial concluded that patients with medium firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic nonspecific low back pain. 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 other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure.) Given the above, the request for 1 mattress is not medically necessary.

