

<b>Case Number:</b>	CM14-0168938		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/11/1991
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Practice, 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:

58 yr. old male claimant sustained a work injury on 4/11/91 involving the low back. He was diagnosed with lumbar disc disorder and had been treated with epidural steroid injections and opioids including Duragesic patches (since 2013), Norco, Ibuprofen and Skelaxin. He underwent lumbar facet injections in 2014. A progress note on 9/19/14 indicated the claimant had 5/10 pain with medications. Exam findings were notable for paravertebral muscle spasms, reduced range of motion of the lumbar spine and trigger point pain. These findings were similar to May 2013. He remained on Duragesic patches, Norco, Ibuprofen and topical analgesics. The physician additionally requested a king size mattress to help with back pain. His other mattress was eight years old.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 California King 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 (ODG), 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), Mattress selection and lumbar pain

**Decision rationale:** According to the ODG guidelines, there are no high quality studies to support mattresses of any type. They are recommended for firmness as a sole criteria. There is no indication that the claimant cannot use another size of mattress. The specific type of king bed was not specified. The mattress above is not medically necessary.

**1 prescription of Duragesic 25mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

**Decision rationale:** According to the MTUS guidelines, the FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. According to the MTUS guidelines opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. In this case, the claimant had been on Duragesic for over a year. Pain levels were not reducing over time and function had not been improving. Opioids can reach a plateau in effect and long-term use is not adequately supported by evidence. The continued use of Duragesic is not medically necessary.