

<b>Case Number:</b>	CM14-0042941		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 52-year-old male who has submitted a claim for chronic low back pain status post back surgery associated with an industrial injury date of 05/19/2009. Medical records from 10/14/2011 to 06/26/2014 were reviewed and showed that patient complained of chronic low back pain graded 6-7/10 which radiated down the lower extremities. Physical examination revealed well-healed anterior and posterior surgical incisions. Diffuse tenderness upon palpation over the lower back area was noted. Lumbar spine ROM (range of motion) was decreased in all planes of movement. DTRs (deep tendon reflexes) of the lower extremities were 1+ bilaterally. SLR (straight leg raise) test was negative. X-ray of the lumbar spine dated 03/19/2014 revealed intact posterior instrumentation and interbody implants at L3-4 and L4-5. Treatment to date has included anterior and posterior reconstructive surgery at L3-4 and L4-5 (10/14/2011), epidural steroid injections, physical therapy, chiropractic therapy, aquatic therapy and pain medications. Utilization review dated 03/30/2014 modified the request for Norco 7.5mg, #30 to Norco 7.5mg, #26 for the purpose of weaning. Utilization review dated 03/30/2014 denied the request for hospital bed mattress because it is not a medical service for cure or relief of industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 7.5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325mg 6 tabs per day since 11/19/2012. There was no documentation of pain relief, functional improvement, or recent urine toxicology review, which are all required for continued use of Norco. The medical necessity for Norco continuation has not been established. Therefore, the request for 1 Prescription of Norco 7.5mg, #30 is not medically necessary.

**1 Hospital bed mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** CA MTUS does not specifically address mattress selection. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that in mattress selection, it is not recommended to use firmness as a sole criterion. 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. In this case, there was no discussion as to why a hospital bed mattress is needed. The guidelines do not recommend any type of mattress as treatment for low back pain. Therefore, the request for 1 Hospital bed mattress is not medically necessary.