

Case Number:	CM14-0046489		
Date Assigned:	07/02/2014	Date of Injury:	02/18/2003
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 18, 2003. Thus far, the patient has been treated with the following: analgesic medications; opioid therapy; and muscle relaxants. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a sleep number adjustable bed, approved a request for Colace, denied a request for Oxycodone, partially certified request for extended release Kadian, and denied a request for Zanaflex. The applicant's attorney subsequently appealed. On June 23, 2014, the applicant presented with multifocal low back and neck complaints. The patient reported associated numbness, weakness, locking, headaches, and spasms, and also reported difficulty performing even basic activities of daily living, including walking, sitting, leisure activities, self-care, personal hygiene. The patient was reporting issues with sleep and mood disturbance, also attributable to pain. The patient was using Oxycodone, Colace, Zanaflex, Flector, Kadian, Metformin, Cymbalta, Atarax, Levoxyl, Lopressor, Prilosec, Desyrel, Wellbutrin, Zetia, and Zocor, it was stated. The attending provider ultimately increased the patient's dosage of Kadian and asked the applicant to continue Oxycodone, Lidoderm, and Zanaflex. The patient was described as medically disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep number adjustable 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: Low Back - Lumbar & Thoracic (Acute & Chronic, Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Low Back > Devices > Sleeping Surfaces Mattresses, Water Beds, and Other Sleeping Surfaces Sleep disturbance is common with LBP.(560) Entrenched dogma holds that a firm mattress is superior for LBP treatment and/or prevention.(561) Commercial advertisements also advocate brand-name mattresses allegedly to treat LBP. The purpose for including a discussion about mattresses and sleeping surfaces in this section is not to involve providers in prescriptions of mattresses, but to make health care providers aware of the available evidence so that patients can make informed decisions.Recommendation: Mattresses for Treatment of Low Back Pain There is no recommendation for or against the use of mattresses for treatment of low back pain other than to make providers aware that the dogma to order patients to sleep on firm mattresses may be wrong. By analogy, sleeping on the floor may be incorrect as well.Strength of Evidence--No Recommendation, Insufficient Evidence (I)Recommendation: Other Sleeping Surfaces for Treatment of Low Back Pain There is no recommendation for or against the use of optimal sleeping surfaces (e.g., bedding, water beds, and hammocks) for treatment of low back pain. It is recommended that patients select mattresses, pillows, bedding, or other sleeping options that are most comfortable for them.Strength of Evidence--No Recommendation, Insufficient Evidence (I).

Decision rationale: In the Third Edition ACOEM Guidelines, Low Back Chapter, there is no recommendation for or against usage of mattresses, water beds or other sleeping services in the treatment of low back pain. While it is suggested that applicants select those mattresses, bedding, pillows, and/or sleeping surfaces which are most comfortable for them, ACOEM notes that this is an article of individual applicant preference as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary.

Oxycodone HCL 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints are seemingly heightened, consistently described in the 7-10/10 range, despite ongoing opioid therapy. The patient's ability to perform even basic activities of daily living, such as self-care, personal hygiene, walking, sitting, and transferring is reportedly constrained, despite ongoing opioid usage. The applicant has been placed off of work and deemed disabled, the attending provider

has acknowledged. Continued usage of Oxycodone, then, is not indicated. Therefore, the request is not medically necessary.

Kadian ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the patient is off of work and has been deemed medically disabled. The patient reports heightened complaints of pain, in the 7-10/10 range, despite ongoing opioid therapy. Finally, the patient is having difficulty performing even basic activities of daily living, such as self-care, personal hygiene, walking, transferring, etc. Continuing Kadian in this context is not indicated. Therefore, the request is not medically necessary.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 66, Tizanidine/Zanaflex section.2. MTUS page 7.3. MTUS 9792.20f Page(s): 66, 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that Zanaflex is FDA approved in the management of spasticity and can be employed off label for chronic low back pain, one of the issues present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion efficacy into his choice of recommendations. In this case, however, there has been no discussion of medication efficacy incorporated into the attending provider's choice of recommendations. The applicant is off of work, on total temporary disability. The applicant's pain complaints are heightened, despite ongoing usage of Zanaflex. The applicant remains highly reliant and highly dependent on opioid therapy, despite ongoing usage of Zanaflex. All of the above, taken together, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Zanaflex. Therefore, the request for Zanaflex is not medically necessary.