

Case Number:	CM15-0107460		
Date Assigned:	06/11/2015	Date of Injury:	08/07/1998
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old male patient, who sustained an industrial injury on 8/07/1998. Diagnoses include lumbar spine injury with cord compression L1 and chronic pain secondary to work trauma. Per the doctor's note dated 5/14/2015, he had complaints of mid and low back pain. Per the Primary Treating Physician's Progress Report dated 4/16/2015, he had complaints of mid and low back pain. He reports that lately his back above T10 has been locked up with muscle spasms after he sleeps which breaks up his sleep. Pain was rated as 6/10 at its worst and 4/10 on average. Physical examination revealed tenderness over L1 axially and sacroiliac joints. There was no range of motion from the thoracic to lumbar spine. Straight leg raise to 90 degrees. There was hypertonicity and spasm to lumbar region diffusely. The medications list includes Valium cream and Diazepam, Neurontin, Baclofen, Ditropan, Oxycodone, Cialis, Pyridium Senokot, Surbex B and multivitamins. He has undergone thoracolumbar fusion surgery. He has had physical therapy visits for this injury. The plan of care included medications, myofascial release to be scheduled and a king sized Tempur-pedic reclining bed. Authorization was requested for one king size Tempur-pedic pad with dual control and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 king size tempur pedic pad with dual control: 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), 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 Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Mattress selection.

Decision rationale: 1 king size tempur pedic pad with dual control; Per the ODG guidelines "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 the 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." Therefore, there is no high grade scientific evidence to support the use of a special mattress/bed for low back pain. Evidence of pressure ulcers or recent significant spinal cord injury is not specified in the records provided. The 1 king size tempur pedic pad with dual control is not medically necessary for this patient.

Unknown prescription of Oxycodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80.

Decision rationale: Unknown prescription of Oxycodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects .Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The Unknown prescription of Oxycodone is not medically necessary for this patient at this time, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.