

<b>Case Number:</b>	CM15-0133198		
<b>Date Assigned:</b>	08/19/2015	<b>Date of Injury:</b>	06/03/2007
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 3, 2007. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for an adjustable bed and carisoprodol. A partial approval of carisoprodol is apparently issued for weaning or tapering purposes. The claims administrator referenced a June 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 2, 2015, handwritten, adjustable bed was endorsed. In an associated progress note of June 2, 2015, the applicant reported ongoing complaints of neck pain. The applicant was on Wellbutrin, BuSpar, BuTrans, Soma, Celebrex, estrogen, Norco, Lyrica, Flagyl, progesterone, and Desyrel, it was reported. The applicant had undergone earlier spine surgery, it was reported. The claimant's BMI was 26. Complaints of headaches and neck stiffness were reported. Multiple medications were renewed, including Soma, Norco, BuTrans, and Lyrica. The adjustable bed-mattress combination in question was endorsed. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempur-Pedic 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, Mattress selection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 861.

**Decision rationale:** No, the request for an adjustable tempurpedic adjustable bed was not medically necessary, medically appropriate, or indicated here. 2. Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes, Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products are not recommended in the treatment of any chronic pain syndrome. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this brand-name bed in the phase of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**2 prescriptions Carisoprodol 350mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350 TM, Vanadom, generic available) Page(s): 29; 65.

**Decision rationale:** Similarly, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using a variety of opioid agents, including Butrans, Norco, etc. Continued usage of Soma was not, thus, indicated in conjunction with same. The 120-tablet, one-refill supply of carisoprodol at issue, furthermore, represented treatment in excess of the 2 to 3 week limit set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for carisoprodol usage. Therefore, the request was not medically necessary.