

Case Number:	CM14-0146773		
Date Assigned:	09/12/2014	Date of Injury:	10/11/2007
Decision Date:	10/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/10/2014

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 Orthopedic Surgery 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 claimant is a 48-year-old gentleman who sustained a low back injury in a work related accident on 10/11/07. The clinical records provided for review included the office note dated 08/14/14 noting complaints of severe low back pain rated 7 out of 10 in severity and that the claimant was utilizing medications including Soma and Oxycodone. Physical examination revealed a prior healed incision, spasm, restricted range of motion, positive left sided straight leg raising and motor weakness at 4/5 on the left with sensory change in the S1 dermatomal distribution. Recommendations at that time were for a lumbar hardware block to rule out claimant's fusion of the hardware as the source of pain complaints as well as continued medication to include Lunesta, Oxycodone, Flexeril, Soma, Lactulose, and a clinical request for an orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Orthopedic 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) Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Mattress selection

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, the request for an orthopedic mattress cannot be supported as medically necessary. The Official Disability Guidelines state that there are currently no high quality studies to support the purchase of any type of specialized mattress or bedding for the treatment of low back complaints. The request for a mattress would be considered an individual personal preference and not specifically medical treatment. The specific request for an orthopedic mattress in this clinical setting would not be supported as necessary.

Oxycodone IR 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-81.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the continued use of Oxycodone at the dosage of 30 mg for #180 tablets. This dosage would indicate that the claimant is receiving 150 mg per day of the drug. While there is documentation of significant improvement with the usage of the current narcotic regimen, the dosage of 150 mg per day would exceed the Chronic Pain Guidelines. This would be the equivalent of five doses of the agent that is typically only recommended in six to eight hour intervals. The request that would exceed timeframe intervals for the requested medication would not be supported as medically necessary.