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| <b>Case Number:</b>   | CM14-0166576 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 06/29/2012 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 09/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 Internal 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 injured worker is a 43-year-old man with a date of injury of June 29, 2012. He was working as a ramp assistant for United Airlines. The mechanism of injury is unknown. The primary diagnosis is disorder of the sacrum. The injured worker was seen on August 1, 2014. He reported left buttock pain. It was noted the injured worker was status post bilateral sacroiliac arthrodesis (SI) without internal fixation on March 10, 2014. The right side was doing well and the left side has 4/10 pains intermittently with activity. Objectively, the injured worker does have tenderness over left SI with a mildly positive left Faber test. A Computed Tomography (CT) scan was requested to assess healing of the fusion. The injured worker has normal stance and gait. No neurological deficits in the lower extremities. There is a chart note dated September 9, 2014, which states that his back pain has worsened by his current sleeping situation. He requests a new mattress to assist with lumbar support. Oxycontin 10mg, 1 tablet orally a day is not adequately covering his pain. He previously started taking short-acting Oxycodone 10mg 1 tablet orally twice a day, which was helping his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Firm Mattress for Lumbar Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG); Low Back Pain; Mattress Selection

**Decision rationale:** Pursuant to the Official Disability Guidelines the request for a firm mattress for lumbar support is not medically necessary. In this case, the injured worker complained of left buttock pain. He was status post bilateral sacroiliac arthrodesis on March 10 of 2014. The right side was doing well and left side had intermittent pain with activity. A progress note on September 9, 2014 indicated his back pain had worsened by his current sleeping situation. Consequently, he requested a new mattress to assist with lumbar support. The mattress selection criteria state it is not recommended to use firmness is the sole criterion; there are no high-quality studies to support the purchase of any type of specialized mattress as a treatment for low back pain; and mattress selection is subjective and depends upon personal preference and individual factors. Based on clinical information and medical records and the peer review evidence-based guidelines for firm mattress selection, the request is not medically necessary.

**Oxycodone #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opiates, Page(s): 76, 77-96.

**Decision rationale:** Pursuant to California MTUS Chronic Pain Treatment Guidelines, Oxycodone #60 is not medically necessary. In this case, the injured worker continues to have left buttock pain. He was last seen August 1, 2014. He states his back pain is worse. The injured worker is status/post bilateral sacroiliac arthrodesis on March 10 of 2014. Presently, the injured worker is taking OxyContin 10 mg. one tablet daily. It does not covering his pain. Previous prescriptions were for OxyContin 10 mg twice per day that help cover his pain. The guidelines require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients utilizing ongoing opiate therapy. There is no documentation of quantifiable pain relief and functional improvement, appropriate medication use and lack of aberrant behavior and intolerable side effects. Additionally, there is no pain assessment with a detailed history of pain treatment. Based on the political information in the medical record and the peer reviewed, evidence-based guidelines OxyContin 10 #60 is not medically necessary.