

Case Number:	CM14-0025750		
Date Assigned:	06/04/2014	Date of Injury:	07/03/2001
Decision Date:	08/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/01/2014

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 Injured worker is a male with date of injury 7/3/2001. The progress note dated 7/3/2014, states the injured worker presented for medical re- evaluation regarding his lumbar post laminectomy syndrome, lumbar degenerative disc disease, chronic radicular and regional myofascial pain syndrome as well as chronic pain syndrome with both sleep and mood disorder. While under treatment for multiple myeloma including chemotherapy that he takes weekly, his physical condition has deteriorated in his lumbar spine and radicular pain has escalated. On examination, he was poorly ambulatory and having to use a single point cane due to antalgic gait favoring his left lower extremity. He had a negative seated straight leg rise bilaterally. Reflexes were 1+ in the knees but absent in the ankles. He noted hypesthesia in the left lower extremity in the L5-S1 dermatome. He was globally deconditioned as gait mechanics were very tenuous and he is at risk of falling. Diagnoses include psychalgia, degeneration of lumbosacral intervertebral disc and lumbar postlaminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAXIL 20MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Antidepressants for Chronic Pain section, page(s) 13-16 Page(s): 13-16.

Decision rationale: Antidepressants for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and non- neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Paxil are effective at addressing psychological symptoms associated with chronic pain therefore, the request for Paxil 20mg #30 with 3 refills is not medically necessary.

Adjustable bed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Mattress Selection section.

Decision rationale: The MTUS Guidelines do not address adjustable beds. The ODG does not recommend using firmness of a mattress as sole criteria of selecting a mattress. There are no studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Special support surfaces for the treatment of pressure ulcers (such as from spinal cord injury) are supported by these guidelines therefore, the request for an Adjustable bed is not medically necessary.