

Case Number:	CM13-0031208		
Date Assigned:	03/03/2014	Date of Injury:	02/07/2008
Decision Date:	04/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 2/7/08 date of injury. At the time (9/23/13) of request for authorization for Mirtazapine 15mg 2 tabs PO QHS #120 and Topiramate 50mg 1 tab PO BID #120, there is documentation of subjective (constant pain and numbness in both hands, trouble sleeping, depression rated 8/10, and insomnia) and objective (left hand grip strength 4/5, decreased sensation on the dorsum of the left forearm and left index finger, tenderness to palpation on the palm of the right hand, and right ring trigger finger) findings, current diagnoses (moderate to severe bilateral carpal tunnel syndrome; status post-surgery for bilateral carpal tunnel syndrome; bilateral ulnar neuropathy with nerve entrapment at the elbow, moderate on the right and mild-to-moderate on the left; chronic sprain injury, bilateral knees, with internal derangement; major depression and insomnia; status post release of trigger index finger, right), and treatment to date (activity modification, and medications (Hydrocodone, Mirtazapine, and Topiramate ongoing use (since at least 7/12/13)). 9/5/13 medical report identified that the patient's constant pain and numbness in both hands is well controlled with current medications so that the patient is able to perform activities of daily living well. Regarding Mirtazapine 15mg 2 tabs PO QHS #120, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding Topiramate 50mg 1 tab PO BID #120, there is no documentation that other anticonvulsants have failed, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRTAZAPINE 15MG 2 TABS PO QHS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressants Section

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. . Within the medical information available for review, there is documentation of diagnoses of moderate to severe bilateral carpal tunnel syndrome; status post-surgery for bilateral carpal tunnel syndrome; bilateral ulnar neuropathy with nerve entrapment at the elbow, moderate on the right and mild-to-moderate on the left; chronic sprain injury, bilateral knees, with internal derangement; major depression and insomnia; status post release of trigger index finger, right. In addition, there is documentation of chronic pain and depression. However, despite documentation that the patient's constant pain and numbness in both hands is well controlled with current medications so that the patient is able to perform activities of daily living well, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Mirtazapine use to date. Therefore, based on guidelines and a review of the evidence, the request for Mirtazapine 15mg #120 is not medically necessary

TOPIRAMATE 50MG 1 TAB PO BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Section Page(s): 21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of moderate to severe bilateral carpal tunnel syndrome; status post-surgery for

bilateral carpal tunnel syndrome; bilateral ulnar neuropathy with nerve entrapment at the elbow, moderate on the right and mild-to-moderate on the left; chronic sprain injury, bilateral knees, with internal derangement; major depression and insomnia; status post release of trigger index finger, right. In addition, there is documentation of neuropathic pain. However, there is no documentation that other anticonvulsants have failed. In addition, despite documentation that the patient's constant pain and numbness in both hands is well controlled with current medications so that the patient is able to perform activities of daily living well, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Topiramate use to date. Therefore, based on guidelines and a review of the evidence, the request for Topiramate 50mg #120 is not medically necessary.