MAXIMUS Federal Services

Case Number:	CM13-0045316		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2007
Decision Date:	03/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

This is a 52 year-old male who was injured on 3/15/07. He has been diagnosed with cervical and lumbar strain, bilateral knee arthralgia, bilateral arm tenosynovitis, carpal tunnel syndrome, and umbilical hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for 60 Tramadol HCL 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The 11/26/13 report from [redacted] states that Tramadol reduces the patient's pain from 8/10 to 7/10. The 8/30/13 report does not provide a pain assessment, but states the patient is using Fexmid, Ultram ER, Remeron, and Meclizine. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient had a satisfactory response to Tramadol as of 11/26/13. The MTUS does not state that a medication that provides a satisfactory response

must be stopped or weaned. There is enough evidence to show that Tramadol on 11/26/13 is in accordance with MTUS guidelines. The retrospective request is certified.

The retrospective request for Cyclobenzaprine HCL 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The records show the patient was using Fexmid (Cyclobenzaprine) since 3/19/13. The MTUS guidelines for Cyclobenzaprine state that it is not to be used for longer than 2-3 weeks. The continued use of Cyclobenzaprine for over 6 months is not in accordance with MTUS guidelines; therefore, the request is not certified.

The retrospective request for 30 Mirtazapine 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 13-16.

Decision rationale: The patient presents with pain in the neck, back, both knees, and both wrists, and had an umbilical hernia. The first record that mentions Remeron (mirtazapine) was on 8/30/13 by [redacted], although he states it is a refill. There are no prior records that discuss the rationale for Remeron, and it is not discussed on the 8/30/13 report. The MTUS states that all therapies are focused on functional restoration, rather than the mere elimination of pain; treatment should be assessed based on reporting the extent of functional improvement. There is no discussion of efficacy with Remeron in the records. The MTUS does not recommend continuing with a treatment that does not provide a satisfactory response; therefore, the request is not certified.