MAXIMUS Federal Services

Case Number:	CM13-0065315		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2003
Decision Date:	03/27/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/13/2013

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 Pain 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 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:

The patient is a 72 year old female who was injured on 01/08/2003 while getting up to go help a patient, she injured her lower back, right ankle and both legs, Prior treatment history has included physiotherapy. Medications included: 11/18/2013, Norco (Hydrocodone-APAP 2.5/325 mg) 11/18/2013, Fexmid (Cyclobenazaprine 7.5 mg) 11/18/2013, Remeron (Mirtazapine 15 mg) Clinic note dated 11/18/2013 documented the patient to report that she completed two sessions of cognitive behavioral pain management. She reported that acupuncture treatment had helped reduce her low back pain and bilateral lower extremity pain. Objective findings on exam included the lumbar spine revealed tenderness to palpation over the paravertebral musculature, quadratus lumborum muscles and gluteal muscles, bilaterally. Straight leg raising test was positive in the bilateral buttocks. Active range of motion of the lumbar spine was measured by dual inclinometer as follows: Flexion was 45 degrees, extension was 8 degrees, right side bending was 15 degrees and left side bending was 156 degrees. Sensation was decreased along the right L4 and L5 dermatomes. The patient was diagnosed with lumbar sprain/strain with bilateral lower extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 25/325mg, #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005, (Chapter 12: Minor and Short Acting Opioids, pages 106-112. & Chapter 13: Opioid Therapy: Effects including Addiction, pages 113-123

Decision rationale: According to chronic pain medical treatment guidelines, criteria for the use of opioids include goals of therapy, documented levels of pain and functional improvement compared to baseline, as well as any adverse effects from the medication. There should also be documentation regarding to concerns of habituation and drug seeking behavior, and whether any such behavior is being displayed. There is no documentation, the request for Norco 25/325mg, #120 is not medically necessary and appropriate.

Remeron 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 308 388 & 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005.(Chapter 14: Psychopharmacology for Pain Medicine), pages 124-133

Decision rationale: There is no documentation of depression or behavioral health problems. There is also limited evidence for the use of anti-depressants for musculoskeletal sprain/strains. Given the lack of support for the use of anti-depressants, therefore the request for Remeron 15mg, #30 is not medically necessary and appropriate.