

Case Number:	CM13-0066375		
Date Assigned:	01/17/2014	Date of Injury:	11/12/2010
Decision Date:	07/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 11/12/10. A utilization review determination dated 12/2/13 recommends non-certification of Remeron, Topamax, Flexeril, naproxen, and Ultracet. It noted that, with the exception of Remeron, the medications were considered duplicate requests since they had been provided on 11/22/13, and they were non-certified for that reason. 11/21/13 medical report identifies an acute flare-up of pain feeling like a pinched nerve or a crick in the neck. She has persistent low back pain and quite a bit of difficulty sleeping. On exam, there is cervical and lumbar paraspinal tenderness as well as spasm, stiffness, and tightness on trapezius and shoulder girdle bilaterally. 6 PT sessions were recommended for the acute flare-up. Medications requested were Remeron, Topamax, Flexeril, naproxen, and Ultracet. It was noted that, with the exception of Remeron, the medications were received on 11/6/13 under her other claim and the current request was a prospective request for a 2-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMERON 15 MG #30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Insomnia Section.

Decision rationale: Regarding the request for Remeron, California MTUS does not address the issue. ODG notes that sedating antidepressants such as mirtazapine have been used to treat insomnia, but there is less evidence to support their use for insomnia and they may be an option in patients with coexisting depression. In general, they recommend short-term pharmacological management of insomnia. Within the documentation available for review, there is no indication of failure of first-line medications, coexisting depression, or another rationale for the use of this medication. Furthermore, the current request is for more than short-term treatment as recommended by ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Remeron is not medically necessary.

TOPAMAX 50 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Section Page(s): 16-21.

Decision rationale: Regarding the request for Topamax, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Specific to Topamax, it has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology, and is considered for use for neuropathic pain when other anticonvulsants fail. Within the documentation available for review, there is no indication of neuropathic pain failing first-line treatment with AEDs and significant pain relief and functional improvement from prior use as defined above. In the absence of such documentation, the currently requested Topamax is not medically necessary.

FLEXERIL 7.5 MG #120: Upheld

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

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

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that

Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, it is noted that the patient had a recent exacerbation, but a course of this medication was recently provided under another claim, and the currently requested 2-month supply of medication is not consistent with short-term use as recommended by the CA MTUS. In light of the above issues, the currently requested Flexeril is not medically necessary.

NAPROXEN SODIUM 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

ULTRACET 37.5/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-79,120.

Decision rationale: Regarding the request for Ultracet, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued; however, it was noted that this medication was provided under another claim just prior to the current request, which should obviate the need for tapering. In light of the above issues, the currently requested Ultracet is not medically necessary.