MAXIMUS Federal Services

Case Number:	CM13-0071621		
Date Assigned:	01/08/2014	Date of Injury:	05/12/2011
Decision Date:	05/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 37-year-old female with a reported date of injury on 05/12/2011; the mechanism of injury was a burn. The clinical note dated 11/08/2013 noted the injured worker was seen for increased complaints of pain to the right hand. Upon physical exam, the injured worker was noted to have limited range of motion to the right hand, muscle cramps in the upper right arm with pain, and muscle pain. The injured worker was noted to have weak grip strength but normal flexion. Allodynia was noted over thenar eminence, tenderness to palpation was noted over the thenar eminence, and capillary refill to the right hand was poor. The injured worker had decreased sensation to light touch over the thumb, index finger, middle finger, ring finger, little finger, and medial hand, lateral hand on the right side. The injured worker was noted to be tender to palpation over the right biceps and triceps muscle, with noted muscle tightness and muscle spasms. The injured workers medication regimen included Pennsaid 1.5% solution applied to affected area 3 times a day, ranitidine 150 mg tablets take 1 daily as needed, Cymbalta 60 mg tablets take 1 daily, Remron 7.5 mg tablets take 1 at bedtime as needed, gabapentin 300 mg take one 3 times a day, Lorazepam 1 mg tablet take 1 every 6 hours as needed, naproxen DR 500 mg tablets take 1 twice a daily, Cephalexin 500 mg capsule take 1 four times a day, and hydrocodone/ acetaminophen 10/325 mg tablet take 1 every 4 hours. The injured worker reported the pulling sensation was decreased since she underwent trial placement of a spinal cord stimulator. The injured worker noted increased right shoulder cramps which were diminished when she turned the spinal cord stimulator off. A new referral for pain psychologist for multidisciplinary evaluation was recommended to assess whether or not the injured worker is a candidate for a functional restoration program. Treatment plan also recommended continuing the spinal cord stimulator and medications to be refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 7.5mg, 30 tablets between 11/25/2013 and 1/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality, and duration, and psychological assessment. It is recommended that this outcome measurement be initiated at 1 week of treatment with a recommendation trial of at least 4 weeks. It has been suggested that if pain is in remission for 3 to 6 treatments, a gradual tapering should be undertaken. Long-term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well established. The documentation provided noted the injured worker reported improved sleep. However, the request as submitted failed to provide the frequency in which the patient was prescribed to take it in order to determine necessity. Therefore, the request is non-certified.

Cymbalta 60mg, 30 capsules between 11/25/2013 and 1/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality, and duration, and psychological assessment. It is recommended that this outcome measurement be initiated at 1 week of treatment with a recommendation trial of at least 4 weeks. It has been suggested that if pain is in remission for 3 to 6 treatments, a gradual tapering should be undertaken. Long-term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well established. The documentation provided noted the injured worker's pain was improved. However, the request as submitted failed to provide the frequency in which the medication was being prescribed to determine necessity. Therefore, the request is non-certified.

Ranitidine 150mg, 30 tablets between 11/25/2013 and 1/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 69.

Decision rationale: The CA MTUS state that if the patient is receiving treatment for dyspepsia secondary to NSAID therapy, stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The documentation provided did note that the injured worker was being treated for dyspepsia secondary to the NSAID therapy. However, the documentation provided failed to provide objective evidence regarding the efficacy of the requested medication to support continuation. Also, the request as submitted failed to provide the frequency at which the medication was being prescribed. Therefore the request is non-certified