

Case Number:	CM14-0000277		
Date Assigned:	02/05/2014	Date of Injury:	08/06/2008
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 64 year-old male. The patient's date of injury is between 2007-2008, it is unclear of the exact date, according to the clinical documents. The mechanism of injury unclear as well, but mention of slip and fall is made. The patient has been diagnosed with shoulder adhesive capsulitis, right carpal tunnel release, and right ulnar nerve release, insomnia and depression. The patient's treatments have included medications and nerve studies. The physical exam findings show tightness and spasm of the right trapezius muscle. Medications include, but are not limited to, Hydrocodone, Gabapentin, Cyclobenzaprine and Mirtazapine. The request is for Hydrocodone and Mirtazapine. According the clinical documents, it is unclear how long these medication were used or the efficacy of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Hydrocodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Hydrocodone/APAP. California MTUS guidelines state the following, "the ongoing management of opioids includes documentation of prescriptions given from a single practitioner; prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors." According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current California MTUS guidelines; Hydrocodone/APAP is not indicated a medical necessity to the patient at this time.

MIRTAZAPINE 15MG, #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain, Page(s): 13-14.

Decision rationale: The request is for Mirtazapine. California MTS Guidelines state the following: "Antidepressants are an option in the treatment of pain." The diagnosis of depression is mentioned in the clinical documents; however, it is unclear how the patient is functioning on the medication. It is unclear if the patient is having improvement or worsening with the medications. There is also lack of follow-up and documentation for the diagnosis of depression. According to the clinical documentation provided and current MTUS guidelines; Mirtazapine is not indicated as a medical necessity to the patient at this time, as more documentation must be presented to justify usage.