

Case Number:	CM14-0017810		
Date Assigned:	04/14/2014	Date of Injury:	10/14/1998
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 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 54-year-old female with an injury date on 10/14/1998. Based on the 01/27/14 progress report provided by [REDACTED], the patient presents with burning in the shoulders, mild back, low back, elbows, ankles and posteriorly down the right thigh and anterior left thigh. The listed diagnoses per [REDACTED] 01/27/14 report are: 1. Post Laminectomy Syndrome 2. Chronic pain syndrome 3. Lumbar radiculopathy L4-L5 4. DDD (degenerative disc disease), Lumbar 5. Low back pain 6. Urinary Incontinence 7. Depression 8. Anxiety 9. CTS (carpal tunnel syndrome) bilateral 10. Lumbar scoliosis 11. Constipation 12. Lumbar spondylosis 13. Pelvic floor dysfunction [REDACTED] is requesting for the following: Clonazepam 1mg Qty. 20.00 and Mirtazapine 15mg Qty 20.00. The utilization review determination being challenged is dated 02/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/09/2013 to 03/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 01/27/2014 report, the patient presents for a re-evaluation of her back pain. She describes her pain as "burning in the shoulders, mild back, low back, elbows, ankles, and posteriorly down the right thigh and anterior left thigh." The request is for Clonazepam 1 mg QTY: 20.00 is to decrease her anxiety due to chronic pain. Clonazepam 1mg was first mentioned in the 07/09/13 report; however, it is unknown exactly when the patient initially started taking this medication. The Chronic Pain Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four (4) weeks. Only short-term use of this medication is recommended for this medication. In this case, review of the records dating from 07/09/2013 to 03/30/2014 indicates that this patient has been on Clonazepam 1mg since 07/09/13. There is no discussion regarding what the goals are for the use of this risky medication including an end point. Only short-term use of this medication is recommended. The request is not medically necessary.

MIRTAZAPINE 15MG QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web version, Pain, Insomnia Treatments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Remeron for insomnia: Sedating antidepressants.

Decision rationale: Based on 02/03/2014 report, the patient presents for a re-evaluation of her back pain. She describes her pain as "burning in the shoulders, mild back, low back, elbows, ankles, and posteriorly down the right thigh and anterior left thigh." The request is for Mirtazapine 15 mg Qty 20. Mirtazapine 15 mg was first mentioned in the 07/09/13 report; however, it is unknown exactly when the patient initially started taking this medication. The Official Disability Guidelines indicate that "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." The 01/27/14 report mentions that the patient is less depressed, due to the intake of Mirtazapine. However, none of the reports document the patient's sleep disturbance. None of the reports discuss how this medication has helped with the patient's sleep issues and how it has changed the patient's daily function. The guidelines require a discussion of pain/function for medications used to treat chronic pain. Given the lack of any documentation regarding this medication's efficacy, the request is not medically necessary.