

Case Number:	CM14-0116292		
Date Assigned:	08/04/2014	Date of Injury:	01/31/2010
Decision Date:	09/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Practice 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:

Claimant is a 32 yr. old female claimant sustained a work injury on 1/31/10 involving the hip, back and leg. She has a diagnosis of chronic pain, adjustment disorder, dysthymia and economic stress. She has had treatment with a psychologist as well as undergone cognitive therapy. A progress note on 6/27/14 indicated she continued to have depression while on Venlafaxine. Her does had been increased. She was recently given Mirtazapine to help with sleeping at night. She was also noted to continue to have hip pain for which a Toradol injection authorization was requested. She had previously received Toradol IM in December 2013. A progress note on 7/7/14 indicated the claimant had improvement in mood with use of Venlafaxine but continues to experience anxiety. She was recommended to undergo additional sessions of cognitive therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 150 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Guidelines.

Decision rationale: Venlafaxine is an SNRI antidepressant that is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. The MTUS guidelines address antidepressants for pain not depression. According to the ODG guidelines, Antidepressants have been found to be useful in treating depression. In this case, the claimant was under care of a behavioral specialist, undergoing therapy and obtaining benefit from the dose in question above of Venlafaxine. The request above is medically necessary.

Toradol 30 mg IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: Toradol is an NSAID. According to the MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Recommendations are for a trial of oral medications. There is no indication for need of an intramuscular injection of Toradol since there is no mention that oral formulation can not be used. Therefore Toradol IM is not medically necessary.

Mirtazapine 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Disorders.

Decision rationale: Mirtazapine is an antidepressant similar in structure to a tricyclic. According to the MTUS guidelines, Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. The claimant had already been using Venlafaxine with incomplete benefit. The Mirtazapine was providing improved symptom benefit of depression and aiding in sleep. According to the ODG guidelines, antidepressants have been found to be useful in treating depression. In this case, the claimant was under care of a behavioral specialist, undergoing therapy and obtaining benefit from the Mirtazapine. The request above is not medically necessary.