

Case Number:	CM14-0119301		
Date Assigned:	08/06/2014	Date of Injury:	07/13/2011
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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 and is licensed to practice in California and Washington. 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 65-year-old male with a reported date of injury on 07/13/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbosacral spondylosis, should joint pain, cervical spondylosis without myelopathy, and cervicobrachial syndrome. His previous treatments were noted to include a functional restoration program and medications. A progress note dated 06/10/2014 revealed the injured worker complained of back and leg pain. The injured worker indicated he used medications that helped improved his function. The injured worker reported his low back pain was constant if he sat more than one half an hour and standing and walking for more than about one half an hour increased his back pain. The injured worker indicated he had numbness and tingling about the posterior lateral portion of his right leg which extended into his foot. The injured worker complained of left shoulder and left elbow pain that he described as aching. The injured worker also revealed he had neck pain at the base of the spine at the neck. The physical examination revealed normal muscle tone without atrophy to the bilateral upper and lower extremities. The motor strength examination revealed decreased motor strength to the left upper extremity with an arm abduction rated 4/5. The medication regimen was noted to include Mirtazipine 15 mg #30 one at night for antidepressant/sleep, naproxen sodium 550 mg #90 one every 12 hours with food as an anti-inflammatory medication, Tramadol ER 150 mg capsules #30 twice a day for pain, and Orphenadrine ER 100 mg #90 one at night for muscle relaxant. The request for authorization form was not submitted within the medical records. The request was for Mirtazipine 15 mg #30 for antidepressant/sleep, Tramadol hydrochloride extended release 150 mg #60 for pain, Orphenadrine 100 mg #90 for muscle relaxant, and naproxen sodium 550 mg #90 as an anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11 Edition (web), 2013 Mental Illness, Insomnia Treatment

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia usually occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding assessment of treatment efficacy in regards to functional improvement, sleep quality and duration, and psychological assessment. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Tramadol Hydrochloride Extended Release 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. The provider indicated the medications helped improve the injured worker's function. The provider indicated the injured worker had no side effects other than some gastritis with the NSAIDs. There is a lack of documentation regarding as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to lack of documentation of significant pain relief, increased functional status, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing

use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.

Orphenadrine 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication for 6 months and the guidelines state efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs 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, and in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic low back pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and with neuropathic pain. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend short-term utilization of this medication. Additionally, there is a lack of

documentation regarding this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.