

Case Number:	CM14-0123785		
Date Assigned:	08/08/2014	Date of Injury:	06/23/2004
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal Medicine 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:

This is a case of a 51 year old male with a date of injury of 6/23/2004 while working for a tile company. He was lifting a box of tile which weighed about 50 pounds when he felt immediate onset of low back pain. He initially was referred to [REDACTED] occupational medicine clinic and failed conservative treatment. He subsequently underwent 2 epidural steroid injections with some benefit. He was then treated with physical therapy, acupuncture, massage, and pool therapy which provided some relief. MRI in July of 2004 revealed disc degeneration of L3-S1 with a right paracentral disc bulge at L3-L4, and a left paracentral disc bulge at L4-L5 with mass effect on the nerves. He then returned on 9/3/2013 because of worsening buttock and right lower extremity pain. This was initially treated with massage and physical therapy which only provided temporary benefit. He has been having flare-ups of his low back pain radiating into his left lower extremity. He reports numbness and pain in the left leg. He also reports limping, not able to tolerate weight bearing. His pain is similar to his previous radiculitis but now in the left leg. He is reporting muscle cramping and difficulty with sleep. The patient states that with the use of Norco, he is able to have better function and activities of daily living. He reports receiving about 80% pain relief. The patient also reports that Tizanidine does help some to relax his muscles. On physical exam from 8/6/2014, he shows an antalgic gait with a limp on the left side. There is decreased lordosis. Lumbar extension was measured to be 10 degrees, and lumbar flexion was measured to be 40 degrees. Straight leg raise is positive on the left. Spasm and guarding is noted in the lumbar spine. Reflexes are 2+ at the right patellar tendon but absent at the left patellar tendon. Reflexes are 1+ at the bilateral Achilles tendons. There is no ankle clonus. There is increased hyperalgesia on the left lateral shin/calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Mirtazapine 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Medication Chapter: Antidepressants & Sedating Antidepressants.

Decision rationale: Based on ODG guidelines, antidepressants are recommended 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 generally 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. Side effects, including excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. Specifically for neuropathic pain, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Other recent reviews recommended both tricyclic antidepressants and SNRI's (serotonin norepinephrine reuptake inhibitors) as first line options. Sedating antidepressants such as mirtazapine has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they can be an option in patients with coexisting depression. Specifically, in this case, the patient does report insomnia secondary to his chronic pain. He also states that due to his pain, he is unable to fall asleep at nights. He has used Mirtazapine in the past with benefit. He has used tried both Zolpidem and Trazodone for sleep, but did not find them beneficial and reported persistent insomnia. However, there is no report of using a tricyclic antidepressant in this case which is considered a first-line agent for both neuropathic pain and insomnia/depression. Also, it is recommended that the patient have an assessment of treatment efficacy which includes quantity and quality of sleep as well as a psychological assessment. In this case, neither of these items were addressed. Therefore, based on ODG guidelines and the evidence in this case, the request for Mirtazapine 15 mg #30 is not medically necessary.

1 prescription Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20 Page(s): 74-82.

Decision rationale: Based on MTUS guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. They are often combined with other analgesics such as acetaminophen and aspirin. Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. For chronic back pain, opioids appear to be efficacious but limited for short-term relief of pain, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain: [and] (3) treatment of neuropathic cancer pain. In this case, the patient reports that the use of Norco does help reduce his pain by about 80%. He also reports that he can cope better with less pain and that the use of this medication allows for better function and activities of daily living. Currently, he is experiencing a flare up of his low back pain, and historically has responded well to Norco. Therefore, based on the evidence in this case and the review of the MTUS guidelines, the request for Norco 10/325 mg #60 is medically necessary.

1 prescription Tinazadine 4mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Section 9792.20 Page(s): 63-66.

Decision rationale: Based on MTUS guidelines, tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Non-sedating muscle relaxants are recommended 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 medication in this class may lead to dependence. Specifically in this case, the patient was having a flare up of his chronic low back pain. With this, he has reported muscle spasms and muscle cramping. On physical examination, there is report of spasming and guarding of his lumbar spine muscles. Therefore, based on the evidence in this case and review of the MTUS guidelines, the request for Tizanidine 4mg #60 is medically necessary.