

Case Number:	CM14-0128232		
Date Assigned:	08/15/2014	Date of Injury:	06/23/2009
Decision Date:	09/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Preventive 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:

According to the records made available for review, this is a 40-year-old female with a 6/23/09 date of injury. At the time (6/23/14) of request for authorization for Mirtazapine 15mg 2 tablets per orem QHS #90 and Cyclobenzaprine 7.5mg 1 tab per orem BID #90, there is documentation of subjective (constant intractable pain in the neck, upper back, and right arm) and objective (decreased cervical and thoracic range of motion, multiple myofascial trigger points and taut bands noted, decreased sensation to fine touch and pinprick on posterior aspect of right arm, and right triceps strength of 4/5, and hypoactive reflex of right biceps and brachioradialis) findings, current diagnoses (mild right ulnar nerve entrapment at the right elbow, sleep disturbance (insomnia type), and chronic cervical and thoracic spine myofascial pain syndrome), and treatment to date (medications (including ongoing treatment with Tramadol, Hydrocodone/APAP, Mirtazapine and Cyclobenzaprine since at least 8/26/13)). Medical report identifies that the patient has depression. Regarding Mirtazapine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Mirtazapine use to date. Regarding Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg 2 tablets per orem QHS #90: Upheld

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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of mild right ulnar nerve entrapment at the right elbow, sleep disturbance (insomnia type), and chronic cervical and thoracic spine myofascial pain syndrome. In addition, there is documentation of depression and ongoing treatment with Mirtazapine. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Mirtazapine use to date. Therefore, based on guidelines and a review of the evidence, the request for Mirtazapine 15mg 2 tablets per orem QHS #90 is not medically necessary.

Cyclobenzaprine 7.5mg 1 tab per orem BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, 2009; Chronic Pain; Opioids, On - Going Management; Muscle Relaxants Page(s): 78, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of mild

right ulnar nerve entrapment at the right elbow, sleep disturbance (insomnia type), and chronic cervical and thoracic spine myofascial pain syndrome. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. Furthermore, given documentation of ongoing treatment with opioids, there is documentation of Cyclobenzaprine used as a second line agent. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of Cyclobenzaprine use since at least 8/26/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Cyclobenzaprine 7.5mg 1 tab per ore BID #90 is not medically necessary.