

Case Number:	CM14-0129056		
Date Assigned:	08/18/2014	Date of Injury:	10/17/2011
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/13/2014

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, Pain Medicine and is licensed to practice in Ohio and Texas. 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 41-year-old female, who reported an injury on 10/17/2011. The mechanism of injury was not provided. On 07/23/2014, the injured worker presented with persistent neck and shoulder pain and stiffness. The diagnoses were discogenic cervical condition with MRI, impingement syndrome of the shoulder to the right and bicipital tendinitis, shoulder strain on the left with no function of limitation but loss of motion, discogenic lumbar condition, and weight gain of 12 pounds. Upon examination, there was tenderness to the cervical paraspinal muscles, trapezius and shoulder girdle. There was 120 degrees of right shoulder abduction with mild weakness against resistance. Current medications included Norco, trazodone, and mirtazapine. The provider recommended Norco and mirtazapine; the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg in a quantity of 180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review, and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, side effects. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Mirtazapine 15mg #30: Upheld

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

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

Decision rationale: The request for Mirtazapine 15mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should not include only pain outcomes, but also evaluation of function, changes in analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance, should be assessed. The optimal duration of treatment is not known, because most double blind trials have been of short duration, between 6 and 12 weeks. There is lack of evidence of an objective assessment of the injured worker's pain level. The frequency was not provided in the request as submitted. Therefore, the request is not medically necessary.