

Case Number:	CM14-0171390		
Date Assigned:	10/23/2014	Date of Injury:	12/28/2007
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Pain Management 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:

The injured worker is a 57 year old male with a date of injury on December 28, 2007. He is diagnosed with (a) right shoulder sprain status post multiple surgical procedures most recent on 7/07/2012, (b) Right elbow sprain with ulnar neuritis, revision # 3 on 9/01/2010; (c) left shoulder tendinitis sprain status post left shoulder reconstruction with hardware failure and follow on surgery; (d) abdominal pain and anemia with medication withdrawal and inadequate pain control due to medications not authorized, and (e) reaction anxiety and depression secondary to chronic pain and multiple surgeries and complications of prolonged care. He underwent right carpal tunnel release on July 25, 2014. Records dated September 18, 2014 notes that the injured worker has had severe flare-up pains which was controlled by Norco from 8/10 down to 4/10 and allowed him to get dressed, handle some activities of daily living and minimal handling, grasping and driving. He predominantly complained of upper back, neck, bilateral shoulder pain and difficulty with abduction, right medial elbow ulnar nerve pain with right hand and wrist and deep aching with tremor in the upper extremity with minimal pushing and pulling. He has pain with left shoulder abduction and pain and discomfort about the left elbow and wrist. His pain levels ranged between 4/10 and 8//10 using Lorazepam. He was smoking on the order of a pack a day and was also on the order of 5 beers a day. He complained of some difficulty urinating and has abdominal discomfort and diarrhea frequently in the day and night. On examination, he has tightness and tenderness about the upper back and neck. Cervical rotation was 60 degrees bilaterally with pain. Right shoulder abduction 90 degrees and left 130 degrees with deep pain. Tenderness and positive Tinel's sign on the right elbow was noted increasing with elbow flexion for positive elbow-flexion test and ulnar nerve rides were somewhat high. He had a tremor of the right upper extremity, some with the left with forceful grasping. Healing right carpal tunnel scar are noted with local tenderness. Some median aching was also noted and he has significant ulnar

component. He has 5-/5 grip bilaterally. He has difficulty on the right opposing index and little finger. According to records dated September 30, 2014. The injured worker's wife called and noted that he was having abdominal pain, nausea, vomiting, some diarrhea and losing weight. He was on multiple medications but apparently some alcohol was still involved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine Qty. 90 x3 refills,: 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), Mental Illness and Stress, Selective Serotonin Reuptake Inhibitors

Decision rationale: Mirtazapine is an antidepressant specifically a selective serotonin reuptake inhibitor. Evidence-based guidelines indicate that the main role of this class of medication may be used to address psychological symptoms associated with chronic pain. In this case, the injured worker is noted to be experiencing anxiety and depression secondary to the chronicity of his pain. Guidelines indicate that drinking alcohol can increase certain side effects of this medication. Side effects including racing thoughts, decreased need for sleep, unusual risk-taking behavior, feelings of extreme happiness or sadness, being more talkative, light headedness, blurred vision, eye pain, seeing halos around lights, changes in weight or appetite, sudden weakness, agitation, vomiting, nausea, diarrhea, loss of coordination, low levels of sodium, sweating, confusion, fast or uneven heartbeats, tremors, etc. On that note, although the injured worker is exhibiting depression and anxiety, it should also be noted that some of the side effects from the use of Mirtazapine including profused sweating, tremors, changes in weight, agitation, diarrhea, nausea and vomiting. These symptoms may be increased with his current alcohol issues and these symptoms need to be thoroughly ruled out before Mirtazapine can be provided. Therefore, the requested Mirtazapine quantity 90 times 3 refills is not medically necessary.

Nuvigil 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding Nuvigil

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Armodafinil (Nuvigil)

Decision rationale: The provider requested Nuvigil 250 mg 1/2 tab daily in order to improve concentration. However evidence-based guidelines indicate that this medication is not recommended to counteract sedation effects of narcotics and is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, records received note that he is

taking up Norco in order to effectively control his severe flare-ups. However, records indicate that there is no evidence of abuse, diversion, and adverse reactions or anything with regard to sleepiness. Therefore, the requested Nuvigil 250 mg is not considered medically necessary.

Home Care Assistant x2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Evidence-based guidelines indicate that home health services is only recommended as a medical treatment for injured workers who are homebound, on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care including bathing, dressing, and using bathroom. In this case, the provider requested home care assistant for two weeks in order to assist with activities of daily living. Activities of daily living include bathing, dressing, laundry, etc. The provided rationale does not establish the medical necessity and there is no evidence that the injured worker cannot do the said activities. Therefore, the requested home care assistant for two weeks is not considered medically necessary.

Chest X-Ray 2 views: 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 Centers for Disease Control and Prevention, 2014. Learn the Signs and Symptoms of TB Disease. www.cdc.gov/features/tbsymptoms

Decision rationale: Records do not indicate the chronicity of the coughs and night sweats the injured worker is experiencing. Although chest x-rays may be used to determine if the injured worker has tuberculosis, other signs and symptoms would help increase the medical necessity of the requested chest x-ray and this includes more than two to three weeks of cough, chest pain, coughing blood or sputum, weakness or fatigue, weight loss, no appetite, chills and fever. Although the injured worker does present some of the broad signs and symptoms of tuberculosis the indicated signs and symptoms as well as involved body part do not establish link to the sustained work-related injuries and the provider indicated that chest x-ray can be done non-industrially. Therefore, the requested chest x-ray 2 views are not considered medically necessary.

Functional Restoration Program: 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
Functional Restoration Programs Page(s): 30.

Decision rationale: Evidence-based guidelines indicate that functional restoration programs are recommended although research is still ongoing as to how to most appropriate screen for inclusion in these programs. These programs are designed to emphasize the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychological intervention. In this case, the injured worker is noted to be totally disabled and is not able to return to work which consequently caused depression and anxiety. However, the provider did not document what specific program the injured worker needs to undergo and the provider failed to provide advantages of functional restoration program as the injured has been seen by psychiatrists regarding his depression and anxiety. In addition, the injured worker does not meet the criteria for functional restoration program. Therefore, the requested functional restoration program is not considered medically necessary.

Massage Therapy 1-2 wks, 8 wks 8 sessions: 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), Pain (Chronic),
Massage Therapy

Decision rationale: Although evidence-based guideline indicate the message therapy is recommended as an option, there is no indication that this will be used as an adjunct to other recommended treatment including exercise and it is only limited to 4-6 visits. The request is 8 sessions which exceeds the recommendations of guidelines. Therefore, the requested massage therapy 1-2 weeks, 8 weeks, 8 sessions is not medically necessary.