

Case Number:	CM14-0173974		
Date Assigned:	10/27/2014	Date of Injury:	07/08/2004
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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 patient is a 69 year old female who developed chronic cervical pain, cervical radiculopathy and headaches subsequent to an injury dated 7/8/04. She has developed a chronic pain syndrome with associated depression and sleep disturbance. The treating physician had trialed various medications and it is clearly documented that her current regimen provides 30%-50% improvement in her pain and activity levels. There are no aberrant medication related behaviors. The medical records were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Hydrocodone-Acetaminophen 10-325mg 1-2 tab PO PRN #180 (DOS: 09/02/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the judicious use of Opioid medication if there is pain relief and functional benefits. The use of Opioids is moderate and results in both pain relief and functional benefits. It is clearly documented that this

patient qualifies on both accounts. The retrospective request for Hydrocodone 10/325mg #180 is medically necessary.

Retrospective: Mirtazapine 15mg 2 tabs at bedtime #60 refill 1 (DOS: 09/02/14):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/10/14), Mirtazapine (Remeron), Anxiety medication in chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15, 16.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines supports the use of antidepressants for chronic pain particularly with neuropathic characteristics. It is clearly documented that this patient qualifies on both accounts. It is also documented that various antidepressants have been trialed and this has been the most effective. The retrospective request for Mirtazapine 15mg. 2 at bedtime #60 with 1 refill is medically necessary.