

<b>Case Number:</b>	CM14-0023242		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 57 year-old female with a 1/15/13 date of injury after a slip and fall resulting in hitting her head and losing consciousness. The patient was seen on 11/2/6/13 and complained of bilateral shoulders. The patient noted her pain went down to a 3/10 from a 7-9/10 with her medications (Tramadol , Mirtazapine, Naproxen). She was seen again ON for ongoing complaints of pain and numbness in bilateral lower extremities. Without medications her pain was a 5-6/10 vs. a 1/10 with medications. Exam findings revealed limited lumbar range of motion, multiple myofascial trigger point sand taut bans in the lumbar and thoracic paraspinal muscles and gluteal muscles. Mild tremors of the head and extremities were noted. Grip strength of the right hand was 4/5. Her fasting glucose was 414. The diagnosis is neck sprain, chronic myofascial pain syndrome, radiculopathy, carpal tunnel syndrome and right ulnar nerve entrapment, Urine drug screen: 1/7/14 Lab results 9/23/13: fasting BS 414, BUN/Cr 14/0.6Treatment to date: medications, physical therapy, chiropractic therapy, Carpal Tunnel Release, DiabetesAn adverse determination was received on 2/9/14 and 3/6/14. Naproxen was denied because the patient did not have lab of blood pressure minoring and there was no clear functional improvement. Mirtazipine and Tramadol was denied as well as there was no clear functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIRTAZAPINE 15MG 2 TABS EVERY NIGHT AT BEDTIME:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Insomnia.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Insomnia, Antidepressants for chronic pain and Anxiety.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. ODG states that Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (but they may be an option in patients with coexisting depression. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. This patient has been on this medication chronically and is noted to have insomnia, yet there is a lack of documentation to support ongoing efficacy in this case. The patient is noted to have insomnia despite use of Mirtazapine. In addition, the patient takes Tramadol and Naproxen for pain, yet the rationale for the use of Mirtazapine is unclear. Therefore, the request for Mirtazapine was not medically necessary.

**TRAMADOL HCl ER 150MG DAILY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78-82, 113.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient notes a decrease in VAS with her medications. However, the patient's urine drug screen on 1/7/14 was negative for the presence of Tramadol. The patient is supposed to be taking this medication daily for pain control, thus it is unclear why her urine drug screen is negative. Therefore, the request for Tramadol was not medically necessary.

**NAPROXEN 550MG EVERY 8 HOURS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient has 7-9/10 pain with a reduction to a 3/10 with her medications. Her recent lab results showed no evidence of renal failure, and no proteinuria. However, the dosing of this medication is BID at a dose of 500mg maximum. A higher dose can lead to renal insufficiency and in this case the patient has diabetes making her prone to renal damage. The patient has significant pain and use of NSAID is appropriate in this case. Therefore, the request for NSAIDS was not medically necessary.