

Case Number:	CM14-0024090		
Date Assigned:	06/11/2014	Date of Injury:	10/25/1996
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 54 year old female, DOI 10/25/96. She reports chronic low back with radiation into the lower extremities. She has developed a chronic pain syndrome with associated sleep disturbance. She has also been diagnosed with Fibromyalgia. Prior MRI scanning has shown probable lumbar nerve root impingement consistent with radiating pain, but no objective neurological loss is documented. The mainstay of treatment has been analgesic medications which are documented to be office dispensed on a monthly basis. For several months it is documented that both MS Contin 30mg BID and Kadian 10mg BID were being dispensed. The medical rationale for both MS Contin and Kadian is not documented. She has also been dispensed Percocet 10/325 and is utilizing 6 per day on a chronic basis. Pain is consistently rated between 8-9/10 on a chronic basis. Function was reported to be unimproved by pain medications until approximately 6 months ago when it was reported that she has 80%-100% improvement in many of her functional abilities. Around this time the prescription for MS Contin disappears from the narratives. There are no specific measurements of functional improvements documented. Her sleep is reported to have improved on Remeron. For a period of time it is reported that she could not refill her Percocet, during this time period the reported levels of pain remained at 9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRAZAPINE 15 MG, QTY: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Major Depression in Adults in Primary Care, Institute for Clinical Systems Improvement.

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

Decision rationale: Low dose Mirazapine (Remeron) is commonly utilized off label for chronic insomnia with or without depression. It has the advantages of being non-addictive and affects sleep cycles less than many alternative medications making it more attractive for long term use. With the reported benefits in her sleep and the apparent absence of side effects it's continued use appears reasonable. California MTUS Chronic pain guidelines do not address this. ODG guidelines suggest that they be utilized when there is co-existing depression, but this appears to be a suggestion only. The reported benefits and lack of side effects lead to a reasonable exception to the guideline suggestion.

PERCOCET 10/325 MG, QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measurements; When to Discontinue Opioids Page(s): 48; 79.

Decision rationale: The treating physicians documentation is difficult to understand. For many months it is documented that the patient was taking MS Contin plus Kadian plus Percocet. Pain levels were consistently reported 8-9/10 and severe limitations were documented. Starting mid '13 there are reported to be between 50%-100% improvements in function without any objective measurements. Toward the end of '13 MS Contin disappears from the list of medications being utilized, but the reported benefits in function continue. Utilization Review recommended a tapering of the Percocet as it did not appear have improved her functioning as a short acting Opioid beyond the long acting Opioids (long acting Morphine). A total discontinuation of opioids has not been recommended. A tapering of the Percocet appears medically reasonable at this time as it does not appear to have improved pain rating scales or objective measurements of function. If the treating physician continues to opinion that additional opioids are necessary and beneficial, functional measurements per California MTUS standards/recommendations would be useful.