

Case Number:	CM14-0037663		
Date Assigned:	06/25/2014	Date of Injury:	09/10/2009
Decision Date:	08/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 10, 2009. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and psychotropic medications. The claims administrator's rationale was quite incongruous and, in one section of the report, stated that usage of mirtazapine was consistent with the recommendations of the MTUS. The claims administrator then stated in another section of the report, that the applicant's usage of mirtazapine was inconsistent with the MTUS. The claims administrator then, finally, stated that the applicant did not have issues with depression for which Remeron would be indicated. A variety of MTUS and non-MTUS Guidelines were cited, including the 2008 ACOEM Guidelines and the ODG Guidelines, although the MTUS did address both of the requests at hand. The applicant's attorney subsequently appealed. In a September 6, 2013 progress note, the applicant was described as having persistent complaints of progressively worsening low back pain, 9/10. An MRI imaging was sought. The applicant was reportedly having ongoing issues with depression and insomnia, for which the applicant was concurrently seeing a psychiatrist, it was noted. In a progress note dated April 4, 2013, the applicant was described as not working and social security benefits. The applicant last worked in 2009, it was acknowledged. Dendracin, Prilosec, Naprosyn, Flexeril, Neurontin, and Norco were all endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flexeril 7.5mg #60 DOS 3/7/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants(for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic, adjuvant, and psychotropic medications, including Norco, mirtazapine, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Mirtazapine 15mg #30 DOS 3/7/2014: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, it often takes weeks for antidepressants to exert their maximal effect. In this case, contrary to what was suggested by the attending provider, the applicant does have longstanding issues with depression and anxiety for which ongoing usage of mirtazapine, an antidepressant, is indicated. Therefore, the request for mirtazapine is medically necessary.