MAXIMUS Federal Services

Case Number:	CM14-0040887		
Date Assigned:	06/27/2014	Date of Injury:	01/13/2012
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty 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:

Regarding the request for Ultracin, Terocin is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is a box check indicating that the patient is unable to tolerate NSAIDs (non-steroidal anti-inflammatory drugs). However, it is unclear why the patient is unable to tolerate NSAIDs, and if they were trialed with prophylactic medication to address any G.I. symptoms. Additionally, the note indicates that the patient has failed antiepileptic drugs to treat neuropathic pain. The patient is currently utilizing Neurontin, which would seem to indicate that the patient has not failed antiepileptic drug for neuropathic pain. Additionally, there are no recent progress reports identify any subjective complaints that could be attributable to neuropathic pain or objective findings supporting such a diagnosis. In the absence of clarity regarding those issues, the currently requested Ultracin is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 107 of 127 Page(s): 107 of 127.

Decision rationale: Regarding the request for mirtazapine, The Chronic Pain Medical Treatment Guidelines support only tricyclics and SNRIs (serotonin-norepinephrine reuptake inhibitor) in the management of chronic pain, but other antidepressants may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify efficacy and whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to more objectively determine the ongoing need for and efficacy of the treatment, as the patient rated her own depression as 5/10 with no specific symptoms and/or findings reported. The request for Mirtazapine 15mg, ninety count, is not medically necessary or appropriate.

Twelve aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22, 98-99 of 127 Page(s): 98-99 of 127.

Decision rationale: Regarding the request for twelve aquatic therapy sessions, the Chronic Pain Medical Treatment Guidelines state that up to ten sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than land-based treatment. Additionally, the requested amount of therapy exceeds the recommendations of the Chronic Pain Medical Treatment Guidelines and, unfortunately, there is no provision for modification of the current request. The requestr for twelve aquatic therapy sessions is not medically necessary or appropriate.