

Case Number:	CM14-0055813		
Date Assigned:	07/09/2014	Date of Injury:	09/10/2009
Decision Date:	09/11/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 57- year-old female was reportedly injured on September 10, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated April 7, 2014, indicates that there are ongoing complaints of neck pain and low back pain as well as complaints of depression, anxiety, and insomnia. Current medications include Gabapentin, Terocin patches, Norco, and Protonix. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness along the cervical and lumbar paraspinal muscles as well as decreased cervical and lumbar spine range of motion. Diagnostic imaging studies revealed a disc protrusion from C2-C7 and central canal stenosis at C3-C4 and C4-C5. An MRI of the lumbar spine indicated a grade 1 Anterolisthesis of L3 on L4 as well as moderate foraminal narrowing and facet changes at L4-L5. Previous treatment is unknown. A request was made for Mirtazapine, Terocin patches, and diagnostic (EMG/NCV) studies of the bilateral lower extremities and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

Decision rationale: Mirtazapine is an antidepressant which is also sometimes used as a sleep aid. The injured employee is diagnosed with both depression and insomnia. Considering this, the request for Mirtazapine is medically necessary.

Terocin patches #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter; Chronic Pain Medical Treatment Guidelines Page(s): 111-113; 29-30. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: Terocin topical patches are a topical analgesic medication containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical Lidocaine Terocin patches are not medically necessary. And is a secondary option when trials of antiepileptic drugs or antidepressants have failed and there is no evidence that Methyl Salicylate or Menthol have any efficacy as a topical analgesic. Considering this, this request for Terocin patches is not medically necessary.

EMG/NCS of the BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request for EMG and NCV studies of the bilateral lower extremities is not medically necessary.