

<b>Case Number:</b>	CM14-0059756		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/27/2002
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 injured worker was involved in a work-related motor vehicle accident on September 27 of 2002 whereby he sustained injuries to the lumbar spine and cervical spine. He underwent three epidural injections of the lumbar spine in 2003 but ultimately had a fusion in the lumbar region from L3-S1. He had a re=fusion with hardware removal in 2005. Eventually, a spinal cord stimulator was placed in 2008 with a revision in 2011 injured worker continues to have moderate to severe pain primarily in the lower back region and to a lesser extent the cervical spine region. Where asked to determine the medical necessity for the continuation of mirtazapine, Norco, OxyContin, and urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15mg thirty count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 67th edition , 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-depressants for chronic pain.

**Decision rationale:** Mirtazapine was prescribed for the patient on December 3, 2012. There is no mention of the rationale for the initiation of this medication within the body that note, specifically there is no mention of depression as a symptom. The review of systems was positive for insomnia. Mirtazapine is an antidepressant with effects on the serotonin and noradrenergic systems in the brain. The official disability guidelines and the California chronic pain treatment guidelines are silent with regard to use of mirtazapine with regard to chronic pain management or insomnia management. The injured worker had repeated follow-ups following the initiation of mirtazapine and at times continued to have a positive review of systems for insomnia. The official disability guidelines do recommend antidepressants that have selective serotonin and norepinephrine reuptake inhibition such as Effexor and Cymbalta. The tricyclic antidepressants are also recommended for neuropathic pain. Because no clear rationale for the use of mirtazapine is provided its use is considered medically unnecessary in this case. The request for Mirtazapine 15mg thirty count with five refills is not medically necessary or appropriate.

**Norco 10/325 mg 240 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80; page 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids topic, page(s) 74-96 Page(s): 74-96.

**Decision rationale:** The injured worker has been maintained on short and long acting opioids for a number of years. His office visits have documented the presence or absence of pain relief, possible side effects, physical and psychosocial functioning. Urine drug screening has also been used as a tool to assess for any aberrant behavior. It has been felt that the patient suffers from multi-origin pain to include mechanical, neuropathic and inflammatory etiologies. These etiologies have all been appropriately assessed and treated. The above referenced guidelines state that opioids may be discontinued if there is a decrease in functioning, resolution of pain, the patient requests it, you are intolerable adverse side effects, or there is no overall improvement in function without extenuating circumstances. Because these criteria do not clearly exist in the record and because the injured worker clearly has improved pain while on the opioids, the request for Norco 10/325 mg is medically necessary and appropriate.

**Oxycontin 40 mg 120 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80; page 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Opioids section pp.74-96 Page(s): 74-96.

**Decision rationale:** The injured worker has been maintained on short and long acting opioids for a number of years. His office visits have documented the presence or absence of pain relief, possible side effects, physical and psychosocial functioning. Urine drug screening has also been used as a tool to assess for any aberrant behavior. It has been felt that the patient suffers from

multi-origin pain to include mechanical, neuropathic and inflammatory etiologies. These etiologies have all been appropriately assessed and treated. The above referenced guidelines state that opioids may be discontinued if there is a decrease in functioning, resolution of pain, the patient requests it, you are intolerable adverse side effects, or there is no overall improvement in function without extenuating circumstances. Because these criteria do not clearly exist in the record and because the injured worker clearly has improved pain while on the opioids, the Oxycontin 40 mg 120 count is medically necessary and appropriate.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Urine Drug Testing topic.

**Decision rationale:** Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. The frequency of testing beyond testing initially is dependent upon whether the patient is at low risk, moderate risk, or high risk for addiction or aberrant behavior. The injured worker in this case per the ODG guidelines place him in the moderate risk category as he has a remote history of depression and previously did not have the prescribed opioid in a urine specimen. Urine drug screening in this situation is suggested at a frequency of two or three times a year. The request for a urine drug screening in this instance is medically necessary and appropriate.