

Case Number:	CM14-0074110		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2008
Decision Date:	09/30/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 54-year-old male with a 9/19/08 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/18/14, the patient complained of back pain with radiation down both legs and also has numbness in the right thigh. His pain gets worse at times even with medications. He currently uses Butrans patches and Nucynta and Lyrica for radiating pain. He also complained of sleep issues and uses Remeron to help fall asleep. Objective findings: constipation, paresthesia and numbness of lower extremities with flare-ups, insomnia, tenderness to palpation of paraspinal muscles, decreased ROM of lumbar spine, decreased left lower extremity sensation. Diagnostic impression: lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, lumbosacral degenerative disc disease, spasm of muscle, sacroiliitis, lumbar spinal stenosis. Treatment to date: medication management, activity modification, chiropractic treatment, facet injections, ESI. A UR decision dated 5/1/14 denied the requests for Remeron, Docuprene, and Lyrica. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg/day #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants Other Medical Treatment Guideline or Medical Evidence: FDA (Remeron).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. According to the FDA, Remeron (mirtazapine) is an antidepressant. Mirtazapine affects central noradrenergic and serotonergic activity in the brain that may become unbalanced and cause depression. It is noted that the patient is taking Remeron for insomnia. Guidelines and the FDA do not support the use of Remeron for insomnia. In addition, there is no documentation that the patient has a diagnosis or complaints of depression. Therefore, the request for Remeron 15mg/day #30 3 refills was not medically necessary.

Docuprene 100mg BID #60 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature 'Management of Opioid-Induced Gastrointestinal Effects: Treatment'.

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. It is noted that the patient has complaints of constipation. In addition, the patient is currently utilizing the opioid medication, Butrans. However, this request is for a 4-month supply of medication. According to the reports reviewed, the patient is seeing his primary care provider monthly. A specific rationale identifying why the patient requires a 4-month supply at this time was not provided. Therefore, the request for Docuprene 100mg BID #60 3 refills was not medically necessary.

Lyrica 50mg TID #90 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. It is noted that the patient is taking Lyrica for his radiating pain. Guidelines support Lyrica as a first-line agent for the treatment of neuropathic pain. However, this request is for a 4-month supply of medication. According to the reports reviewed, the patient is seeing his primary care provider monthly. A specific rationale identifying why the patient requires a 4-month supply at this time was not provided. Therefore, the request for Lyrica 50mg TID #90 3 refills was not medically necessary.