

Case Number:	CM15-0002338		
Date Assigned:	01/13/2015	Date of Injury:	08/18/2007
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 is a 60-year-old female who reported an injury on 08/18/2007. The injured worker was reportedly injured while cleaning furniture. The current diagnoses include lumbar spine sprain, low back pain, cervical degenerative disc disease, cervical radiculopathy, joint pain in the shoulder region, lumbosacral or thoracic neuritis or radiculitis and poor coping with chronic pain/PSM spasm/sleep issues. The injured worker presented on 08/08/2014 with complaints of 7/10 pain. Previous conservative treatment is noted to include physical therapy, chiropractic therapy, acupuncture, home exercise, medications and an epidural steroid injection. The injured worker indicated that the current medication regimen decreased her pain level by 50%. Upon examination, there was reduced sensation in the left lower extremity. Recommendations at that time included continuation of the current medication regimen. The injured worker was also awaiting authorization for a lumbar epidural steroid injection. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker continues to report high levels of pain. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol ER 150mg quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker continues to report high levels of pain. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Mirtazaprine 15mg quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. In this case, there was no mention of a failure to respond to first line tricyclic antidepressants prior to the initiation of mirtazapine. The medical necessity has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.