MAXIMUS Federal Services

Case Number:	CM15-0004206		
Date Assigned:	01/15/2015	Date of Injury:	05/24/2014
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 (IW) is a 46 year old female who sustained an industrial injury on 05/24/2014. She has reported pain in the lower back with radicular symptoms. The diagnoses have included chronic myofascial pain syndrome, thoracolumbar spine moderate to severe, lumbosacral radiculopathy, and sprain injury to the right middle finger. Treatment to date has included pain medications, trigger point injections and physical therapy. Testing has included MRI's and electrodiagnostic studies. The nerve conduction and electromyography revealed no evidence of lumbosacral radiculopathy or chronic denervation in the muscles studied, the nerve conduction study was also normal. Currently, the IW complains of constant low back pain rated a 8/10, weakness in her left leg, and frequent pain in the right middle finger. She is receiving Hydrocodone /APAP for pain and Mirtazine two tablets at bedtime. In the visit notes of 08/20/2014 it states the Naproxen was discontinued because it was not tolerated. There was no explanation found for why it was prescribed again, but the notes of 11/10/2014 include the Naproxen as an ordered medication. The IW states she has been getting greater than 60-70 % pain relief with her current medications with pain being reduced to 3/10 with medications. She has greater than 50-75% functional improvement with her current pain medications. On 12/11/2014 Utilization Review non-certified a request for Mirtazapine 15mg tablets takes 2 tabs every bed time for 6 weeks refill, quantity # 90 noting that there was no reference made to depression as a clinical presentation in this situation. The medication is being used for sleep, and there are other less side-effect prone medications that are available for sleep. The MTUS,

Chronic Pain Guidelines were cited. On 12/11/2014 Utilization Review non-certified a request for Naprosyn 550mg tablets take 1 tab twice a day for 6 weeks refill, quantity # 90, noting the medication is a non-steroidal anti-inflammatory medication used to treat symptoms associated with osteoarthritis which was not described in the physical exam that spoke of continued muscle spasm and trigger points and not of osteoarthritis. The MTUS Chronic Pain Guidelines were cited. Utilization Review non-certified a request for Home Exercise Program: swimming pool exercise daily, noting that aquatic therapy can be supported as optional form of exercise when land-based therapies are not indicated but the body habitus of the individual is not reported. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg tablets take 2 tabs every bed time for 6 weeks refill, quantity: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

Decision rationale: Mirtazapine is an alpha-2 Antagonist antidepressant indicated for the treatment of major depressive disorder. MTUS states regarding antidepressant: recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated . Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken.In this case, the medical documentation indicates this patient is taking this medication to help her sleep. The treating physician has not provided documentation of failure of first line treatments or the patient's sleep hygiene. There are no comments on functional improvement, psychological assessment, or pain reduction. As such, the request for Mirtazapine 15mg tablets take 2 tabs every bed time for 6 weeks refill, quantity: 90 is not medically necessary.

Naproxen 550mg tablets take 1 tab twice a day for 6 weeks refill, quantity: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS specifies four recommendations regarding NSAID use:1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. As such, the request for Naproxen 550mg tablets take 1 tab twice a day for 6 weeks refill, quantity: 90 is not medically necessary.

Home Exercise Program: Swimming pool Exercise daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Low Back - Lumbar (Acute & Chronic), Aquatic Therapy and Gym Membership MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical records do not include weight/height measurements, therefore BMI cannot be calculated. A diagnosis of extreme obesity cannot be established.MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." ODG states regarding knee aquatherapy, recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing

is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life . In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise. The treating physician does not document any mobility or functional limitations that would limit the patient's land based exercises. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The treating physician has not met the above guidelines. The official disability guidelines state "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician did not provide documentation of a failed home exercise program and why the patient is unable to swim on their own. As such, the request for Home Exercise Program: Swimming pool Exercise daily is not medically necessary.