

Case Number:	CM15-0007775		
Date Assigned:	01/26/2015	Date of Injury:	08/31/2011
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 50 year old male, who sustained an industrial injury on 8/31/2011. The current diagnoses are mild bilateral L5 radiculopathy, chronic sprain injury of the bilateral shoulders, chronic myofascial pain syndrome of the cervical and thoracolumbar spine; NSAID induced gastritis, depression, insomnia, bilateral medial epicondylitis, mild to moderate right ulnar nerve entrapment at right elbow, and mild left ulnar nerve entrapment at the left elbow. Currently, the injured worker complains of painful movement of the bilateral shoulders as well as frequent pain and numbness in his right elbow and right arm. He reports an aggravation of the pain in his left elbow, rating the pain 5-8/10 on a subjective pain scale. Additionally, he reports constant neck; upper and lower back pain, and depression. He rates his depression as 7/10. Current treatments include medications; trigger point injections X 4, and steroid injection X 1. The treating physician is requesting lumbar epidural steroid injection L4-5 level, Tramadol HCL ER 150 mg #60, Mirtazipine 15 mg, Omeprazole 20 mg #50, urine drug screen, and HEP swimming pool exercises daily, which is now under review. On 12/23/2014, Utilization Review had non-certified a request for lumbar epidural steroid injection L4-5 level, Tramadol HCL ER 150 mg #60, Mirtazipine 15 mg, Omeprazole 20 mg #50, urine drug screen, and HEP swimming pool exercises daily. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 46.

Decision rationale: According to the California MTUS Treatment Guidelines (2009), epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third epidural steroid injection is rarely recommended. In this case, there are no submitted imaging studies documenting findings of the patient's current deficits on physical exam. There is limited evidence of neurologic deficits at the L4-L5 level, such as weakness or sensory deficits. Medical necessity for the requested lumbar epidural steroid injection (LESI) has not been established. The requested LESI is not medically necessary.

Tramadol HCL ER 150 mg, sixty count for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Opioids Page(s): 93-96. Decision based on Non-MTUS Citation Pain

Decision rationale: According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per MTUS, certain criteria should be followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment with Tramadol is not medically necessary.

Mirtazipine 15 mg for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Antidepressants - SSRI's

Decision rationale: Mirtazipine (Remeron) is FDA approved for the treatment of depression and mood disorders. It is a noradrenergic and specific serotonergic antidepressant. It is also used off label for the treatment of obsessive compulsive disorder, social anxiety disorder, insomnia, post-traumatic stress disorder, low appetite and nausea. In this case, the documentation indicates that the patient has depression and insomnia. This medication has been useful for the treatment these conditions. However, the requested prescribed medication (Mirtazipine 15mg #60 for 4 weeks) does not indicate the actual dose or frequency of taking medication. There was no documentation of the dosage and frequency requested. Medical necessity for the requested item has not been established. The requested Mirtazipine is not medically necessary.

Omeprazole 20 mg, fifty count for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Proton Pump Inhibitors

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient has a diagnosis of gastritis secondary to NSAID use. Based on the available information provided, the patient has not been maintained on NSAIDs. In addition, the record documented: Omeprazole 20mg #50x4 weeks, which does not include the frequency of the dose. The medical necessity for Omeprazole has not been established. The requested item is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Drug testing Page(s): 43. Decision based on Non-MTUS Citation Opioids

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT), is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Tramadol was not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.

HEP swimming pool exercises daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46 and 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is 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, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is limited documentation of significant objective and functional deficits in the physical exam to support the need for reduced weight-bearing in order to progress with therapy. Medical necessity for the requested service has not been established. The requested service is not medically necessary.