

<b>Case Number:</b>	CM15-0010954		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 59-year-old male reported a work-related injury on 07/21/2011. According to the progress notes from the treating provider dated 12/18/14, the injured worker (IW) reports continued bilateral hip and knee pain, with left knee instability, and significant neck, back, shoulder and lateral right foot pain. He also reports Remeron helped him sleep. The diagnoses include right knee and right shoulder internal derangement, chronic left hip pain, left shoulder sprain/strain and chronic low back pain. Previous treatments include medications, physical therapy, home exercise, walker and psychiatric care. The treating provider requests Remeron 15mg; Nexium 40mg #60; topical NSAID #140g ref: 1 and Thermacare packs #60. The Utilization Review on 01/15/2015 modified the request for Remeron 15mg; Nexium 40mg #60; topical NSAID #140g ref: 1 and Thermacare packs #60. References cited were CA MTUS Chronic Pain medical Treatment Guidelines and Official Disability Guidelines, Pain Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Remeron (Mirtazapine) Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, antidepressant "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain". Remeron (Mirtazapine) is an antidepressant that could be used in neuropathic pain. There is no documentation that the patient is suffering from an ongoing neuropathic pain. There is no documentation of pain and functional improvement with previous use of Remeron. Therefore the request is not medically necessary.

**Nexium 40mg #60:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Nexium is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Nexium 40mg #60 is not medically necessary.

**Topical NSAID #140 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of pain. There is no clear evidence that the patient failed or was intolerant to first line

oral pain medications (antidepressant and anticonvulsant). Therefore, the request for Topical NSAID #140 with 1 refill is not medically necessary.

**Thermacare packs #60:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)) .

**Decision rationale:** According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel". There is no evidence to support the efficacy of hot and cold therapy in this patient. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Hot and Cold therapy is usually approved during the acute post op setting to treat post op inflammatory swelling. There is no controlled studies supporting the use of hot/cold therapy in chronic back and neck pain. Therefore, the request for ThermoCare packs #60 is not medically necessary.