

Case Number:	CM15-0130016		
Date Assigned:	07/16/2015	Date of Injury:	04/26/2010
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old female, who sustained an industrial injury on April 26, 2010. She reported low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar spinal stenosis, disorders of the sacrum and sciatica. Treatment to date has included diagnostic studies, medications, conservative care and work restrictions. Currently, the injured worker complains of continued chronic low back pain and lower extremity pain with associated depression secondary to chronic pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 24, 2015, revealed continued pain as noted. She reported insomnia secondary to pain. Medications including Morphine and Mirtazapine were continued. Evaluation on June 19, 2015, revealed continued pain that interfered with activities of daily living and functionality. It was noted she had fallen 2 days earlier secondary to pain and weakness of the lower extremities and ankles. Medications were continued. Evaluation on June 29, 2015, revealed continued low back pain with lower extremity pain. Medications were continued. Morphine ER 15mg #60 and Lidoderm patches 5% #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Morphine ER is an opioid medication. CA MTUS recommends use of opioids after a trial of a first line oral analgesic has failed. During the extended period of time, the injured worker used Morphine ER, no functional improvement, improved pain or increase in activity level was documented. It was noted the injured worker continued to have persistent pain during the period of time while using Morphine ER. There was no baseline pain assessment and no continued pain assessments using visual analog scales (VAS) or other measurements. Based on the information noted in the provided documentation, the request for Morphine ER 50mg #90 is not medically necessary.

Mirtazapine 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non-neuropathic pain. "Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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." A review of the injured workers medical records that are available to me reveal that she is being prescribed Mirtazapine for the treatment of insomnia and neuropathic pain, however there is no documentation of improvement in pain or function with the use of Mirtazapine, neither is there a clear rationale as to why Mirtazapine is the chosen option above all other first line recommended antidepressants and antiepileptic drugs, without this information it is not possible to determine medical necessity for continued use therefore the request for Mirtazapine is not medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics Page(s): 56.

Decision rationale: According to the California (CA) MTUS Guidelines, Lidoderm Patches are a topical form of Lidocaine that may be recommended for localized neuropathic pain after there has been valid data supporting a failed trial of a first-line therapy such as a tri-cyclic or SNRI antidepressant or AED. There is no documentation supporting failed trials of first-line antidepressants. In addition, no functional improvements or reduction in pain was noted with use of this medication. For these reasons, Lidoderm patches 5% #30 is not medically necessary.