

Case Number:	CM15-0131719		
Date Assigned:	07/16/2015	Date of Injury:	07/05/2009
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
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: California, Massachusetts

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 male patient who sustained an industrial injury on 07/05/2009. An operative report dated 12/12/2014 reported the patient undergoing extensive tenolysis and capsulotomy with recurrent extension contracture left second, third, fourth and fifth fingers. A recent orthopedic follow up visit dated 05/21/2015 reported the following treating diagnoses: right carpal tunnel syndrome advanced with atrophy status post Cortisone injection; right basal joint degenerative traumatic arthritis; right DeQuervain's disease status post injection; left carpal tunnel syndrome advanced with atrophy status post injection, left DeQuervain's status post injection on 10/30/2014, left basal joint degenerative traumatic arthritis; left second, third, fourth, and fifth severe intrinsic tightness, and status post left carpal tunnel release, wrist flexor teno, extensor teno, capsulotomy, tenotomy left 05/30/2012; status post right carpal tunnel release 11/12/2012, and status post left second, third, fourth, fifth extensor tenosynovectomy K wire fixation on 12/12/2014. Present subjective complaints were: increased numbness to right hand, pain in bilateral fingers/hands, and increased depression. Present objective findings showed the patient with decreased light touch sensation to bilateral fingers, weakness and no improvement in range of motion of the left fingers. The plan of care noted the patient remaining off from work duty for 6 weeks, follow up with a second psychiatric opinion, and pain management evaluation. There is recommendation to undergo a functional capacity evaluation and pharmacogenic testing. Current medications are: Tylenol #4, Remeron, Fexmid, Protonix, Lunesta and Gabapentin 600mg. He is to continue with occupational therapy session, very aggressive left finger range of motion, utilizing scar cream, transdermal compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Fexmid) 7.5mg, #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines, anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long- term chronic use of muscle relaxants as being clinically necessary at this time. Therefore, the request is not medically necessary.

Mirtazapine (Remno) 15mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Insomnia treatment.

Decision rationale: Mirtazapine is an FDA approved antidepressant medication that is, according to the literature, also effective in treating both insomnia as well as chronic neuropathic pain. According to ODG guidelines, sedating antidepressants such as mirtazapine is effective in treating insomnia and "may be an option in patients with coexisting depression". Based on the provided clinic records the patient has symptoms that are consistent with depression and has a diagnosis of insomnia. The IW has been referred to a psychiatrist for evaluation and treatment of depression. Based on the past clinical history and cited guidelines, the prescribed medication mirtazapine is clinically supported to treat insomnia and chronic pain related to the industrial injury. Therefore, the request is medically necessary.

