

Case Number:	CM15-0137338		
Date Assigned:	07/27/2015	Date of Injury:	06/27/2014
Decision Date:	09/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
 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 applicant is a represented 63-year-old who has filed a claim for chronic low back, knee, wrist, and shoulder pain reportedly associated with an industrial injury of June 27, 2014. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve requests for Remeron, Norco, Colace, and six follow-up visits with a psychologist. The claims administrator referenced progress notes and/or order forms dated April 24, 2015 and May 22, 2015 in its determination. A consultation with a psychologist was approved/partially approved, it was incidentally noted. In an appeal letter dated June 11, 2015, the attending provider appealed previously denied Norco, Colace, Remeron, and physical therapy involving the knee. The letter contended that the applicant was using Norco and Soma on the grounds that previously prescribed Naprosyn had not been beneficial. The applicant had developed issues with depression as a result of her chronic pain complaints, it was suggested. The attending provider stated that activities of daily living as basic as standing and lifting remained problematic. The attending provider posited that the applicant could only walk or stand for up to five minutes continuously. The attending provider stated that the applicant's pain scores had been reduced from 9/10 without medications to 7/10 with medications. The attending provider suggested that the applicant's ability to perform household chores had been ameliorated as a result of ongoing medication consumption. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The attending provider stated that the applicant had discontinued Remeron in another section of his 11-page appeal letter. The attending provider stated that he was seeking retrospective authorization for Remeron use prior to discontinuation of

the same. The attending provider stated that the applicant had used Remeron for issues with depression and/or depression-induced sleep disturbance in the past. In an appeal letter dated July 9, 2015, the attending provider appealed the six-session denial of cognitive behavioral therapy, noting that the applicant had developed issues with chronic pain-induced depression. In a June 26, 2015 progress note, the applicant reported complaints of wrist pain, shoulder pain, knee pain, low back pain, leg pain, and depression. Standing and walking remained problematic, the treating provider reported. The applicant was depressed, it was acknowledged in the review of systems section of the note. The applicant's medication list included Colace, ketamine, Desyrel, and morphine. Epidural steroid injection therapy was sought while the applicant was placed off of work, on total temporary disability. On May 22, 2015, the attending provider acknowledged that Norco was not helping much with her pain. The attending provider stated that the applicant was requesting an increased dosage of Norco. The attending provider stated that Remeron had not helped her insofar as attenuating her issues with depression and/or associated insomnia were concerned. Mirtazapine and Norco were discontinued while morphine, Desyrel, Colace, and ketamine were prescribed. Once again, the applicant was placed off of work, on total temporary disability. On April 24, 2015, the applicant reported multifocal pain complaints with derivative complaints of depression. Lifting remained problematic. The attending provider stated that Norco was reducing the applicant's pain scores from 9/10 to 7/10. The applicant was unable to stand or walk no more than 5 minutes continuously, it was acknowledged. The attending provider posited that the applicant had significant depressive symptoms and required a psychological consultation for the same. The applicant was placed off of work, on total temporary disability. The note was very difficult to follow, was some 12 pages long, and mingled historical issues with current issues. At the bottom of the note, Remeron, Norco, Colace, and ketamine were all prescribed. It did not explicitly state whether Remeron represented a renewal request versus a first-time request. On March 6, 2015, the applicant was described as using Norco, Colace, and ketamine toward the top of the note, all of which were seemingly refilled. There was likewise no mention of the applicant's using Remeron on February 6, 2015. The applicant was, however, placed off of work, on total temporary disability, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 4/24/2015) Mirtazapine 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for mirtazapine (Remeron) prescribed on April 24, 2015 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Remeron may be helpful in alleviating symptoms of depression. Here, the applicant did present with depressive symptoms on or around the date in question. The applicant did have issues with depression, anxiety, and

insomnia, the treating provider reported on various dates, including on April 24, 2015. Introduction of Remeron was indicated to combat the same. Therefore, the first-time request for mirtazapine (Remeron) was medically necessary.

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on multiple office visits, referenced above, throughout early-to-mid 2015. While the attending provider did report low-grade reduction in pain scores from 9/10 without Norco to 7/10 with Norco on April 24, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's statement(s) on April 24, 2015 to the effect that the applicant was having difficulty performing heavy lifting, standing, walking, gripping, grasping, etc., coupled with the applicant's failure to return to work, outweighed any low-grade reports of analgesia effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Docusate sodium 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: The request for docusate sodium (Colace), a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was in fact using Norco, an opioid agent, on or around the date in question. Morphine, another opioid agent, was subsequently introduced. Prophylactic provision of Colace was, thus, indicated in conjunction with the applicant's concomitant usage of opioid agents. Therefore, the request was medically necessary.

6 follow up visits with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127, 2004, 2nd edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Finally, the request for six follow-up visits with a psychologist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 acknowledge that issues regarding work stress and person-job stress may be handled effectively with talk therapy to a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 notes that applicants with more serious conditions may need referral to a psychiatrist for medicine therapy. Here, the applicant was off of work, on total temporary disability, it was acknowledged on multiple office visits and appeal letters, referenced above. The applicant had developed issues with memory loss, depression, insomnia, etc., in conjunction with her depressive symptoms. The applicant had failed to respond favorably to various psychotropic medications, including Remeron. All of the foregoing, taken together, suggested that the applicant's mental health issues were in fact more serious issues which were/are better-served through referral to a psychiatrist for medicine therapy, as suggested in the MTUS Guideline in ACOEM Chapter 15, page 398. Therefore, the request was not medically necessary.