

Case Number:	CM15-0180053		
Date Assigned:	09/21/2015	Date of Injury:	10/09/2008
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 injured worker is a 59-year-old female who sustained industrial injuries on October 9, 2008. Diagnoses have included cervical disc herniation with radiculopathy; spontaneous rupture of the left extensor hallucis longus; lumbar disc herniation; right shoulder sprain or strain; and, medication-induced gastritis. Documented treatment includes carpal tunnel and De Quervain's release in 2009; extensor hallucis longus tendon repair, January 27, 2011; left radial collateral ligament repair of the left thumb, December, 2009; left metatarsal open reduction and internal fixation with subsequent nonunion; and, Lisfranc arthrodesis repair and hardware removal, March 26, 2010. Additionally, she uses ankle support; a single point cane; and she underwent a cervical epidural steroid injection on C5-6 on March 23, 2015 with noted 60 percent "significant pain relief" and decrease in radiating symptoms, with improved movement in her neck. This was noted to assist her in sleeping better and being able to cut back on Norco. A previous injection in August, 2014 lasted five months. The physician stated August 12, 2015 that Norco decreases pain by 30 percent and improves the injured worker's functionality and ability to perform activities of daily living for four to five hours. She uses Anaprox but has stomach symptoms without Prilosec. Ultram adds an additional 30 percent pain relief. Doral 15 mg. combined with Remeron helps with sleep. She still presents with mild decreased strength in her upper extremities and great toe, and the physician noted an antalgic gait favoring her left lower extremity. The injured worker continues to pain returning in great toe, and neck and shoulder pain with impaired range of motion. The treating physician's plan of care includes 60 each of Remeron 15 mg, doral 15 mg, and Ativan 0.5 mg which was denied on August 25, 2015. She is noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Naproxen 550 mg #60 is not medically necessary.

Remeron 15 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mirtazapine (Remeron), Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Mirtazapine (Remeron) is a noradrenergic and specific serotonergic anti-depressant (NaSSA) used to treat major depressive disorder. According to the Official Disability Guidelines, anti-depressants are not routinely recommended for non-neuropathic pain. Reviews that have studied the treatment of low back pain with tricyclic anti-depressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. The patient is taking this medication as an aide to sleep which has been effective. I am reversing the previous UR decision. Remeron 15 mg #60 is medically necessary.

Doral 15 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Doral 15 mg #60 is not medically necessary.

Ativan 0.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Ativan is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative / hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Lorazepam for an extended period of time. Ativan 0.5 mg #60 is not medically necessary.