

Case Number:	CM15-0183726		
Date Assigned:	09/24/2015	Date of Injury:	04/12/2003
Decision Date:	11/24/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 4-12-2003. He reported injuries to the neck, thoracic and lumbar spines, left knee and psyche from an automobile accident. Diagnoses include pain in joint shoulder, pain in thoracic spine, pain in joint, lower leg, lumbar disc degeneration, and neck pain. Treatments to date include activity modification, medication therapy, acupuncture treatments, physical therapy. Currently, he complained of chronic neck, back, and upper extremity pain. Pain was rated 9-10 out of 10 VAS without medication, and reduced to 4-5 out of 10 VAS with medication with increased ability to complete activities of daily life. Current medications listed included Lidoderm patch, topical compound, Naproxen, Viagra, Mirtazapine-Remeron, Glucosamine Chondroitin, Tramadol, and a Fentanyl patch. On 6-23-15 and 7-21-15, the physical examination documented the gait was normal without assistance, with no further abnormal physical findings documented. On 8-17-15, the subjective complaints documented no change in pain levels and the physical examination documented lumbar tenderness, decreased range of motion, and decreased sensation to bilateral lower extremities. The left knee was noted to be nontender with mild crepitus noted with range of motion. The appeal requested authorization for Mirtazapine-Remeron 15mg #90 (date of service 7-21-15); Naproxen-Anaprox DS 550mg #90; Remeron 15mg #45 (date of service 6-23- 15); Fentanyl 62.5mcg #5 (date of service 7-21-15); and Tramadol-APAP 37.5-325mg. The Utilization Review dated 8-21-15, denied all requests indicating the available records did not support that the California Medical Treatment Utilization Schedule (MTUS) Guidelines were met. A note dictated by the Physician's office was reviewed, and this addresses all of the denials in detail. The injured worker is also noted to have co-existing depression and anxiety, and has a history of PTSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine-Remeron 15mg #90 for DOS: 07/21/15: 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), Antidepressants.

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

Decision rationale: According to the Official Disability Guidelines, Insomnia section, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed in terms of: sleep onset, sleep maintenance, sleep quality, and next-day functioning. Sedating antidepressants, such as Mirtazepine (Remeron), have been used to treat insomnia; however, and may be an option with coexisting depression. There is documented improvement in sleep with the use of Mirtazepine that is significant. There is coexisting depression. This medication is well tolerated, and it is a reasonable agent for this injured worker's insomnia. This request will be certified.

Remeron 15mg #45 for DOS: 06/23/15: 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), Antidepressants.

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

Decision rationale: The request for Mirtazepine (Remeron) is certified. There is documentation of 5 hours of interrupted sleep with no Remeron, and 8 hours of uninterrupted sleep with the use of Remeron. There is coexistent depression. The documentation supports and coincides with the ODG Guidelines for use of Remeron, and as such, the request is certified.

Naproxen/Anaprox DS 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Within the submitted records, the Physician notes that the injured worker has chronic musculoskeletal pain. He has good days and bad days, common in chronic pain. Naproxen is well tolerated and physical exam shows ongoing signs of inflammation, for which Naproxen would be appropriate. The request as such is reasonable and will be supported.

Fentanyl 62.5mcg #5 for DOS: 07/21/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allow for the use of opioid medication, such as Fentanyl, for the management of chronic pain and outline clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, it is noted that there is VAS pain improvement from 9/10 to 4-5/10 with the use of Fentanyl. The injured worker has been weaned down to 62.5 mcg dose, and this allows for improved participation with activities of daily living, and improved function. The medications are being prescribed by a pain specialist, and MTUS states that exceeding 120 MED of Morphine can be considered when pain specialty is involved. This request is supported.

Tramadol/APAP 37.5/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allow for the use of opioid medication, such as Tramadol/APA, for the management of chronic pain and outline clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The documentation provided for review meets the 4 A's criteria for ongoing opioid use. There is no aberrant behavior, the medication provides significant pain relief, it is being used appropriately, and there is improvement in participation with activities of daily living. This request is supported.