

Case Number:	CM15-0203769		
Date Assigned:	10/20/2015	Date of Injury:	12/01/2006
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old female who sustained an industrial injury on 12-01-2006. Medical records indicated the worker was treated for Tenosynovitis, Myofascial pain, Repetitive strain injury, and rotator cuff syndrome. In the provider notes of 09-17-2015, the worker complains of pain in her hands, wrists, shoulders and back. On exam, the worker has shoulder range of motion 90 degrees, pain with resistive testing of shoulders, arms, and wrists. The left shoulder has generalized tenderness to palpation. Exam of the bilateral upper extremities shows negative Tinel's, tenderness to palpation of the forearms and elbows. Wrist motor and hand grips are weak, and palms were red bilaterally with tenderness to palpation and cool to touch. Lumbar spine range of motion is decreased in all planes. There are firm muscle knots in the trapezius, scalene, supraspinatus, infraspinatus, teres, rhomboids, pectoralis, upper quadrant, paralumbar muscle groups. Deep and focal palpation of the muscle knots elicited twitch response with slight radiation pattern consistent with trigger point radiation pattern. The worker is assessed to have increasing chronic pain with a monthly increase in pain for the past 11 years. She is able to do activities of daily living and drive 2 hours. Her medications include MS Contin, Mirtazapine, Gabapentin, Lorazepam, and Vistaril (all since at least 05-18-2015). Pain level with medications on a good day is a 6 on a scale of 0-10, and on a bad day is 10 on a scale of 10 and bed bound. According to provider notes, her pain is better with medications, and she shows no adverse effects or aberrant behavior with their use. Treatments tried and failed include lumbar epidural steroid injections, and H-wave. The last urine drug screen was 07-16-2015. A request for authorization was submitted 09-17-2015 for: 1. MS Contin 30 mg QTY 902. Lorazepam 2 Mg. QTY 90 with 3 refills 3. Mirtazapine 15 mg QTY 60 with 3 refills. A utilization review decision 09-23-2015 non-certified the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg QTY 90: Upheld

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 for chronic pain, Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: MS Contin 30 mg QTY 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal an updated signed pain contract or an objective urine drug screen for review. The documentation reveals that the patient has been on long term opioids without significant objective increase in function therefore the request for MS Contin is not medically necessary.

Lorazepam 2 mg QTY 90 with 3 refills: Upheld

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): Benzodiazepines.

Decision rationale: Lorazepam 2 mg QTY 90 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on benzodiazepines already and continued use with 3 refills would not be appropriate as the MTUS does not support this medication long term. The request for Lorazepam is not medically necessary.

Mirtazapine 15 mg QTY 60 with 3 refills: Upheld

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): Antidepressants for chronic pain.

Decision rationale: Mirtazapine 15 mg QTY 60 with 3 refills is not medically necessary per the MTUS Guidelines. The MTUS states that in regards to antidepressants for chronic pain that they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The MTUS does not support continuation of antidepressants without evidence of efficacy therefore this medication with 3 refills is not medically necessary.