

Case Number:	CM15-0045047		
Date Assigned:	03/17/2015	Date of Injury:	07/08/2004
Decision Date:	07/10/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania, Ohio, California
 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 70 year old female who sustained an industrial injury on 07/08/2004. The injured worker was diagnosed with cervical radiculopathy, headaches, myalgia and myositis and depressive disorder. Previous treatments consisted of medications. According to the primary treating physician's progress report on February 16, 2015, the injured worker continues to experience neck pain. The injured worker rates her pain level in activities of daily living with medications as 3/10 and 7/10 without medications and in social activities as 3/10 with medications and 9/10 without medications. Examination noted decreased range of motion of the cervical spine. Current medications are listed as Hydrocodone, Mirtazapine, Topiramate and Bupropion. Treatment plan consists of continuing medication regimen and the current request for Hydrocodone/Acetaminophen 10/325mg, Mirtazapine, Bupropion HCL and Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone- Acetaminophen 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Mirtazapine 15mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety Medication in Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: MTUS recommends treatment of concurrent mental health diagnoses which may be associated with chronic pain. There is very limited documentation regarding the nature of the patient's mental health diagnoses, the rationale for this medication, and the effectiveness of this or prior anti-depressants. In this situation the request is not medically necessary.

Topiramate 50mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medication/Topiramate Page(s): 21.

Decision rationale: MTUS recommends this medication as a possible option when other anti-convulsants fail. There is very limited documentation regarding the nature of the patient's neuropathic pain, the rationale for this particular medication, and the effectiveness of this or prior anti-epileptic medications. In this situation the request is not medically necessary.

Bupropion HCL 75mg, #30, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27.

Decision rationale: MTUS recommends this medication as an option after other agents. There is very limited documentation regarding the nature of the patient's mental health diagnoses, the rationale for this medication, and the effectiveness of this or prior anti-depressants. In this situation the request is not medically necessary.