

Case Number:	CM15-0051311		
Date Assigned:	03/24/2015	Date of Injury:	06/16/1992
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61 year old male, who sustained an industrial injury on June 16, 1992. The injured worker was diagnosed as having cervical spine sprain/strain with spondylosis and possible early diffuse idiopathic skeletal hyperostosis (DISH), lumbar spine sprain/strain with spondylosis, and right shoulder sprain/strain with impingement, acromioclavicular degenerative joint disease. Treatment to date has included home exercise program, work modifications, diagnostic ultrasound, x-rays, chiropractic therapy, acupuncture, behavior modification, and pain, muscle relaxant, and antidepressant medications. The primary treating physician's progress note from March 6, 2015 is partially illegible. The injured worker complains of cervical spine pain and right upper extremity radiation with numbness and tingling. The pain increases with repetitive motion. Her symptoms have worsened, especially last month. She has right shoulder pain with pop and weakness. The physical exam revealed cervical spine tenderness to palpation right greater than left paravertebral muscles and upper trapezius with spasm, positive axial compression, decreased range of motion, decreased sensory of the right cervical 6-6, and intact motion of cervical 5-7. There was right shoulder tenderness to palpation of the acromioclavicular, SST, and periscapula, positive impingement, and decreased range of motion. The treatment plan includes continuing his current pain, muscle relaxant, and antidepressant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Fexmid 7.5mg Dispensed 2/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

Decision rationale: Fexmid (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing back and neck pain, pain in the right shoulder, and problems sleeping. These records indicated the worker had been taking this medication for prolonged amount of time, and there were no discussion detailing special circumstances that sufficiently supported the recommended long-term use. In the absence of such evidence, the current request for sixty tablets of Fexmid (cyclobenzaprine) 7.5mg that were dispensed on 02/11/2015 is not medically necessary.

30 Remeron 15mg Dispensed 2/11/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti depressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirtazapine: Drug information. Topic 9656, version 136.0. UpToDate, accessed 04/29/2015. Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 03/24/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 363.0. UpToDate. Accessed 03/15/2015.

Decision rationale: Remeron (Mirtazapine) is a medication in the alpha-2 antagonist antidepressant class. The MTUS Guidelines are silent on this issue. Mirtazapine is FDA-approved for the treatment of major depressive disorder. The submitted and reviewed documentation indicated the worker was experiencing back and neck pain, pain in the right shoulder, and problems sleeping. These records reported Mirtazapine was recommended to improve the worker's sleep. This medication is not FDA-approved for this use, and the literature

does not sufficiently support its use for this purpose outside of a diagnosis of major depression. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Remeron (mirtazapine) 15mg that were dispensed on 02/11/2015 is not medically necessary.