

Case Number:	CM15-0089712		
Date Assigned:	05/14/2015	Date of Injury:	05/16/2001
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 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 49 year old male, who sustained an industrial injury on 5/16/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having post-laminectomy syndrome and chronic neuropathic pain associated with depression. There is no record of a recent diagnostic study. Treatment to date has included spinal cord stimulator, intrathecal pain pump trial, lumbar laminectomy and medication management. In progress notes dated 4/15/2015 and 4/21/2015, the injured worker complains of back pain. Pain was rated 6/10 with medications and 8/10 without medications at the 4/15/2015 visit but a letter from the physician on 4/21/2015 states the pain is 8-9/10 without medications and 3-4 with medications. The treating physician is requesting Lyrica 75mg #90, Sertraline 50 mg #45, Mirtazapine 15 mg #45 and Cymbalta 30 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The patient presents with pain affecting the back. The current request is for Lyrica 75mg, #90. The treating physician report dated 2/10/15 (25B) states, "His pain can rise up to an 8 to 9/10 on the Verbal Analog Scale before he takes the medications and after he takes the medications it is reduced to 6 /10, which reduces his pain enough that he can follow through with his necessary activities of daily living. This regimen is working well for him and he has no side effects or problems with the medications and he wishes to continue them allowing him to become a bit functionally more able to do his ADLs." The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the patient presents with chronic neuropathic pain. The physician has documented that the patient's pain is decreased from an 8-9/10 to a 5/10 with medication usage and functional improvements in ADLs are reported. The request satisfies MTUS guidelines for Lyrica as stated on page 99 and benefit from medication usage per MTUS page 60 is documented. The current request is medically necessary.

Sertraline 50mg, #45: 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) - Pain (Chronic): SSRIs (Selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 107.

Decision rationale: The patient presents with pain affecting the back and depression. The current request is for Sertraline 50mg, #45. The treating physician report dated 2/10/15 (25B) states, "His pain can rise up to an 8 to 9/10 on the Verbal Analog Scale before he takes the medications and after he takes the medications it is reduced to 6 /10, which reduces his pain enough that he can follow through with his necessary activities of daily living. This regimen is working well for him and he has no side effects or problems with the medications and he wishes to continue them allowing him to become a bit functionally more able to do his ADLs." The MTUS guidelines state, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." A report dated 4/21/15 (50B) states, "This gentleman receives the medications Zoloft, Remeron, and Cymbalta for chronic neuropathic pain associated with depression involved with chronic pain, as the two reasons for prescribing." A report dated 8/5/14 (7B) states, "In terms of emotional function, over the last one month the patient felt depression and anxiety which sometimes reached severe levels." In this case, the treating physician is treating the patient for depression resulting from chronic neuropathic pain. Furthermore, the patient's medication regimen is working well, with no side effects, and functional improvement is provided. The current request is medically necessary.

Mirtazapine 15mg, #45: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with pain affecting the back and sleep difficulties. The current request is for Mirtazapine 15mg, #45. The treating physician report dated 2/10/15 (25B) states, "His pain can rise up to an 8 to 9/10 on the Verbal Analog Scale before he takes the medications and after he takes the medications it is reduced to 6 /10, which reduces his pain enough that he can follow through with his necessary activities of daily living. This regimen is working well for him and he has no side effects or problems with the medications and he wishes to continue them allowing him to become a bit functionally more able to do his ADLs." Mirtazapine is classified as an anti-depressant. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." The ODG guidelines go into further discussion regarding Mirtazapine (Remeron). ODG guidelines Pain chapter, under anxiety medications in chronic pain states, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis" and specifically addresses Remeron as a second-line antidepressant. The ODG guidelines have the following regarding Remeron for insomnia: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." A report dated 8/5/14 (7B) states, "In terms of emotional function, over the last one month the patient felt depression and anxiety which sometimes reached severe levels." The report goes on to state, "The patient had trouble falling asleep." In this case, the patient presents with chronic neuropathic pain, insomnia, anxiety and depression. The MTUS guidelines recommend anti-depressants as a first line option for neuropathic pain. The ODG guidelines support Remeron for the treatment of depression and insomnia, as well as a second line option for treating anxiety secondary to chronic pain. Furthermore, the patient's medication regimen is working well, with no side effects, and functional improvement is provided. The current request is medically necessary.

Cymbalta 30mg, #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 43-44.

Decision rationale: The patient presents with pain affecting the back with associated depression. The current request is for Cymbalta 30mg, #45. The treating physician report dated 2/10/15 (25B) states, "His pain can rise up to an 8 to 9/10 on the Verbal Analog Scale before he takes the medications and after he takes the medications it is reduced to 6 /10, which reduces his pain enough that he can follow through with his necessary activities of daily living. This

regimen is working well for him and he has no side effects or problems with the medications and he wishes to continue them allowing him to become a bit functionally more able to do his ADLs." MTUS page 43-44 state that Duloxetine (Cymbalta) "Recommended as an option in first-line treatment option in neuropathic pain." It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy." A report dated 4/21/15 (50B) states, "This gentleman receives the medications Zoloft, Remeron, and Cymbalta for chronic neuropathic pain associated with depression involved with chronic pain, as the two reasons for prescribing." A report dated 8/5/14 (7B) states, "In terms of emotional function, over the last one month the patient felt depression and anxiety which sometimes reached severe levels." In this case, the treating physician is treating the patient for depression resulting from chronic neuropathic pain. Furthermore, the patient's medication regimen is working well, with no side effects, and functional improvement is provided. The current request is medically necessary.