

Case Number:	CM14-0126629		
Date Assigned:	08/13/2014	Date of Injury:	06/05/2011
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old woman who sustained a work related injury on June 5, 2011. Subsequently, she developed chronic low back pain. According to a progress report dated July 11, 2014, the patient reports continued pain in her low back. The pain was constant, an 8/10 sharp dull with numbness. It radiated down to both lower extremities, right more than left, with numbness and weakness. She describes new onset of stiffness of both her legs that interferess with motion. Her MRI from 2011 showed L4-5 and L5-S1 DDD. She states the TENS unit and Menthoderm are helping. She stopped Naproxen due to gastric pain despite the Omeprazole. HEP caused worsening of symptoms. Physical therapy, treadmill, chiropractic and accupuncture were not effective. She described the pain as sharp, on and off, worse with driving, walking, sitting, and bending over. The patient suffer also from depression and she is status post CBT times 12, that helped. She is again on Zolofat. On examination, the patient had a very marked lumbar lordosis with tenderness and limited range of motion. The patient had positive straight leg raising test bilaterally at 25 degrees. Examination of the knees revealed tenderness to peripatellar areas and internal more than external joint lines. There was decreased range of motion of both kness with flexion at 90 degrees. The patient was diagnosed with lumbar discogenic syndrome, thoracic sprain/strain, chronic pain/myofascial pain, insomnia, depression, right knee sprainthoracic discogenic syndrome, and bilateral knee pain. The provider requested authorization for Mirtazapine, Sertraline, and Menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Mirtazapine 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (updated 07/10/14) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Antidepressants for chronic pain >, < <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm> >.

Decision rationale: Mirtazapine is a selective serotonin reuptake inhibitor. According to ODG guidelines, Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. There is no documentation of pain reduction and functional improvement with previous use of Mirtazapine. In addition there is no recent documentation of formal psychiatric evaluation confirming that the patient developed depression and her need for Mirtazapine. As a matter of fact, the medical files noted that the patient was pending psychiatric consultation. Therefore, the request for Mirtazapine is not medically necessary at this time.

Retro Sertraline 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Antidepressants for chronic pain (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antidepressants>)>

Decision rationale: Zoloft is an antidepressant of the SSRI family. According to ODG guidelines, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005). 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. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Tricyclic are recommended over selective serotonin reuptake inhibitors. Zoloft is used less than other tricyclic antidepressant for chronic pain. Zoloft was previously used for this

patient without clear documentation of efficacy, pain and functional improvement. In addition, there is no documentation that the patient have a formal psychiatric evaluation confirming that the patient is suffering from depression and recommending the use of Zoloft. There is no clear rational for using Zoloft rather than other tricyclic antidepressant drug if it is used for pain management. Therefore, the prescription of Retro Sertraline 50mg #60: is not medically necessary.

Retro Menthoderm 120gm 4 fl oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate topicals Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics, (page 111) are largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Based on the above, Menthoderm is not medically necessary.