MAXIMUS Federal Services

Case Number:	CM14-0131953		
Date Assigned:	08/22/2014	Date of Injury:	05/10/2011
Decision Date:	09/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 53 year old male who reported an injury on 05/10/2011. The mechanism of injury was a conveyor slipped out and fell on his head causing head and neck injuries. His diagnoses were status post fracture of C1, status post multiple fragmentation of body C5, acute cervical spine injury, chronic myofascial pain syndrome, and insomnia due to pain. His past treatments included medications, home exercises, aquatic therapy exercises, and deep breathing relaxation techniques. The diagnostic testing was not indicated in the clinical notes. There was no surgical history noted in the clinical notes. His subjective complaints included constant neck and upper back pain that rated 5-8/10 without medications. He also reported frequent pain and numbness to his upper extremities. The injured worker felt that his condition was moderately impacting his general activity, his ability to work, and was causing a decrease in the quality of sleep he gets. He remained depressed and rated his depression at 5-6/10. The physical exam findings indicated slight to moderate decreased range of motion to the cervical and thoracic spine. There were multiple myofascial trigger points and the proximal muscles of the bilateral upper extremities were weak at 4/5. Sensation was also noted to be decreased to fine touch and pinprick in the 5th digit. His medications included Mirtazapine 15 mg, Norco 5/325 and Naproxen 550mg. The rationale for the request was not indicated in the medical records. The request for authorization for was submitted but it is not signed or dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain with the least amount of pain reported 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 4 A's for Ongoing Monitoring relevant for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The clinical notes indicated that the injured worker continued to have pain 5-8/10 without medications and that he was participating in home therapy, aquatic therapy exercises along with drug therapy. He is also participating in periodic urine drug screens that do not show aberrant drug behavior. The clinical notes state "the injured workers ability to function was significantly improved with the medication as he was able to perform activities of daily living more than 50% of the time" but it excludes the use of a numerical scale to validate these findings. Also it is indicated in the clinical note that "he had greater than 50% relief of pain with the prescribed medication", but again the assessments fails to identify average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the frequency of the Hydrocodone 5/325/APAP #120 is absent from the clinical notes. Therefore, the request for Hydrocodone/APAP 5/325mg #120 is not medically necessary.

Mirtazapine 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: According to the Official Disability Guidelines, sedating antidepressants, including Mirtazapine, have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Based on the clinical notes submitted there is no diagnosis of major depressive disorder in addition to her insomnia complaint, which is an indication for use with Mirtazapine. The patient does have complaints of sleeping difficulties, impaired concentration and depressed mood but there is lack of clinical evidence to indicate he has been diagnosed major depressive disorder.

The efficacy of Mirtazapine was also not adequately documented to warrant its continued use, and is therefore not medically necessary.