

Case Number:	CM14-0156312		
Date Assigned:	09/25/2014	Date of Injury:	03/25/2011
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 70-year-old male with a 3/25/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/28/14 the patient complained of constant neck, upper and lower back pain that has varied from 5-6/10 without medications. He indicated that his current medications and trigger point injections provide an appreciable reduction in his pain and a concomitant improvement in his functioning so that he is able to perform activities of daily living well. The patient has greater than 50% relief of pain with Tramadol/APAP, and his ability to function is significantly improved with the medication as the patient is able to perform activities of daily living more than 50% of the time. There is no documented abuse, diversion, or hoarding of the prescribed medication and there is no evidence of illicit drug use. He feels that his current pain and discomfort is moderately impacting his general activity and enjoyment of life. He remains depressed and rated his depression as 4/10. He has noted slight problems sleeping. According to a psychological report dated 7/7/14, the patient was diagnosed with depression and pain disorder associated with psychological factors. Objective findings: slightly decreased range of motion of bilateral shoulders, restricted range of motion of cervical and lumbar spine, multiple myofascial trigger points and taut bands noted throughout cervical, thoracic, and lumbar paraspinal musculature, sensation to fine touch and pinprick decreased in left index finger and left arm. Diagnostic impression: chronic myofascial pain syndrome - cervical and thoracolumbar spine, left ulnar nerve entrapment at elbow, left L4-5 radiculopathy, chronic sprain injury of left shoulder. Treatment to date: medication management, activity modification, trigger point injections. A UR decision dated 9/18/14 modified the request for Tramadol/APAP from 120 tablets to 60 tablets and Mirtazapine from 90 tablets to 60 tablets to allow submission of documentation regarding compliance with CA MTUS and ongoing functional benefit as a result of medication. Regarding aquatic therapy, there is no clear

indication that the claimant needs a reduced weight-bearing environment that supports aquatic therapy. Regarding urine drug screen, this request was modified to allow for 1 screen. The medical necessity for the request is evident to determine compliance with medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg QTY #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the reports provided for review, the patient has greater than 50% relief of pain with Tramadol/APAP, and his ability to function is significantly improved with the medication as the patient is able to perform activities of daily living more than 50% of the time. There is no documented abuse, diversion, or hoarding of the prescribed medication and there is no evidence of illicit drug use. In addition, urine drug screens dated 2/27/14 and 5/15/14 were consistent for the use of Tramadol. Therefore, the request for Tramadol/APAP 37.5/325mg QTY #120 was medically necessary.

Mirtazapine 15mg QTY#15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Remeron)

Decision rationale: CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. According to the FDA, Remeron (mirtazapine) is an antidepressant. Mirtazapine affects central noradrenergic and serotonergic activity in the brain that may become unbalanced and cause depression. Remeron is indicated for the treatment of major depressive disorder. In the notes reviewed, the patient has been diagnosed with depression. In addition, he has reported psychological symptoms associated with his medical condition. Medical necessity has been established for the use of Remeron in this patient. Therefore, the request for Mirtazapine 15mg QTY #15 was medically necessary.

Aquatic Therapy for back, elbow and shoulder QTY#12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no documentation that the patient is obese or requires reduced weight-bearing activities. A specific rationale identifying why the patient requires aquatic therapy as opposed to land-based physical therapy was not provided. Therefore, the request for Aquatic Therapy for back, elbow and shoulder QTY #12 was not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure. Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. It is noted that the patient is currently taking Tramadol/APAP, and regular urine drug screens are recommended by guidelines to monitor for aberrant behavior and appropriate medication use. However, in the present case, a quantity for the number of urine drug screens requested was not provided. A UR decision dated 9/18/14 modified this request to certify 1 urine drug screen. Therefore, the request for Urine Drug Screen was not medically necessary.