

Case Number:	CM14-0166311		
Date Assigned:	10/13/2014	Date of Injury:	09/27/2011
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family 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 injured worker's date of injury is 09/27/2011. This patient receives treatment for chronic low back pain which began after a motor vehicle accident. The patient is opioid dependent. A lumbar MRI on 07/05/2011 shows degenerative disc disease at L1-L2 and L3-S1. The patient had side effects with Lyrica and gabapentin. Medical diagnoses include: lumbar disc degeneration with radiculitis, Depressive disorder, opioid dependence, and sleep disorders. Medications in use include: Lidocaine ointment, Ranitidine, methocarbamol, Skelaxin, Mirtazapine, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Depression treatment options in adults; UpToDate.com

Decision rationale: Mirtazapine may be medically indicated to treat Major Depressive with sleep disturbance. The documentation, however, states the problem is "depressive disorder."

There is no Patient Health Questionnaire (PHQ-9) by the treating physician. The documentation is unclear about the diagnosis, the severity, and response to treatment. Mirtazipine is not medically indicated.

Prozac 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Depression treatment options in adults; UpToDate.com

Decision rationale: Prozac, a selective serotonin reuptake inhibitor (SSRI), may be medically indicated to treat Major Depression in adults. The documentation, however, states the problem is "depressive disorder." There is no PHQ-9 by the treating physician. The documentation is unclear about the diagnosis, the severity, and response to treatment. Prozac is not medically indicated.

Dilaud 8mg #180 with 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, Page(s): 86-87.

Decision rationale: The patient receives treatment for chronic pain since 2011 and is both opioid dependent and opioid tolerant. This request is for hydromorphone 8mg, 6 tablets a day. This has a Morphine Equivalent Dose (MED) factor of (8 x 6 x 4) 192. An MED of 192 is much higher than the MED dose of 120 recommended limit. The documentation does not address this issue. The documentation does not clearly state the benefit in function. The request is not medically indicated.

Exalgo ER 16mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-83.

Decision rationale: The patient receives treatment for chronic pain since 2011 and is both opioid dependent and opioid tolerant. Exalgo ER is a slow release form of hydromorphone. This 16 mg dose has a MED factor of (16x4) 64. The patient's intake of rapid release hydromorphone

has an MED factor of 192. The combined MED factor for both is 256. Given the lack of documented improvement in function, The request is not medically indicated.