

Case Number:	CM14-0170547		
Date Assigned:	10/20/2014	Date of Injury:	04/03/2012
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 Practice 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:

56 yr. old male claimant sustained a work injury on 4/30/12 involving the back and right upper extremity. He was diagnosed with chronic myofascial pain, epicondylitis, and radiculopathy. An MRI in 2013 showed L5-S1 disc herniation. A progress note on 7/11/13 indicated the claimant had continued back and elbow pain. He was anxious and depressed due to not working and having pain. He was managed with trigger point injections, Naproxen 550mg TID, Mirtazapine 30 mg at night and was prescribed aquatic therapy. A progress note on 4/26/14 indicated the claimant had continued depression and was on Mirtazapine (Remeron) for insomnia. Exam findings were notable for decreased range of motion of the lumbar spine and tenderness in the right medial elbow. He was continued on the Naproxen and Mirtazapine along with Tramadol. A recent request was made in October 2014 for continued use of Naproxen and Mirtazapine. Additionally, 12 sessions of aqua therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG 1 Tab Every 8 Hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Naproxen are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on Naproxen for over a year without significant change in pain or function. There was no documentation of Tylenol failure. Continued use of Naproxen is not medically necessary.

Mirtazapine 15 MG 2 Tablets at Bedtime #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia medications

Decision rationale: According to the MTUS guidelines, anti-depressants such as Mirtazapine are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant's depression remained "4/10" for several months while on Mirtazapine. In addition, long term use of medication for insomnia is not recommended. There are no signs of continued improvement with Mirtazapine and there is no indication of a tri-cyclic failure which is often 1st line for pain and depression. The continued use of Mirtazapine is not supported by recent clinical notes and is not medically necessary.

12 Aquatic Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical medicine Page(s): 22.98-99.

Decision rationale: According to the MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The amount of treatments recommended is up to 10 visits based on the physical medicine section. The 12 sessions requested exceeds the amount recommended by the guidelines. In addition, there is no mention of inability to complete land based therapy. The request for 12 sessions of aquatic therapy is not medically necessary.

