

Case Number:	CM14-0183139		
Date Assigned:	11/10/2014	Date of Injury:	07/08/2011
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Texas & Massachusetts. 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 30-year-old female who reported an injury on 07/08/2011 due to a head injury from a truck door. Her diagnoses included posttraumatic headaches, chronic myofascial pain syndrome to the cervical spine, left ulnar nerve entrapment at the left elbow, and aggravation of pre-existing seizure disorder. Her past treatments included home exercise, aquatic therapy, trigger point injections, and medications. On 08/22/2014, the injured worker complained of constant neck pain rated from 5-8/10 without medications, and pain in her left elbow varied from 3-6/10, as well as pain and numbness in her left arm. The injured worker indicated that the pain and discomfort impacted her general activity and activities of daily living. The physical examination revealed the cervical range of motion to be restricted in all planes, the multiple myofascial trigger points, and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles. The left elbow range of motion was also noted decreased in all directions. There was also an indication of decreased sensation of the left arm and left thigh. Grip strength was noted to be decreased at 4/5. Her medications included Naprosyn 550 mg (every 8 hours), mirtazapine 15 mg (at bedtime), and hydrocodone/APAP 5/325 mg (3 times a day). The treatment plan included continued aquatic therapy exercises, deep breathing, meditation, a urine drug screen, medications, and a followup. Requests were received for hydrocodone/APAP 5/325 mg TID #120 and mirtazapine 15 mg 2 tabs QHS #90. A rationale was not provided. A Request for Authorization form was submitted on 08/22/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg TID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, On-Going Management Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 5/325 mg TID #120 is not medically necessary. According to the California MTUS Guidelines, monitoring of opioids with documentation is required for continued opioid use to include pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen. A pain assessment would be indicated and should include current pain levels, the least reported pain since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker is noted to have constant neck and left elbow pain. It is also indicated that the injured worker has been on hydrocodone/APAP since at least 09/23/2011. However, there was a lack of current documentation in reference to her pain relief, any side effects, physical and psychosocial functioning, the occurrence of any potential aberrant drug related behaviors, and a current urine drug screen indicating otherwise. Based on the lack of current documentation in regard to the injured worker's pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen, the request is not supported by the guidelines. As such, the request for hydrocodone/APAP 5/325 mg TID #120 is not medically necessary.

Mirtazapine 15 mg 2 tabs QHS #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The request for mirtazapine 15 mg 2 tabs QHS #90 is not medically necessary. According to the California MTUS Guidelines, antidepressants may be recommended as a first line option for neuropathic pain and as a possibility for nonneuropathic pain as indicated for depression and chronic pain. In addition, tricyclics are generally considered for chronic pain unless they are ineffective, poorly tolerated, or contraindicated. The injured worker was noted to have neck and left elbow pain. She was also indicated to have been on mirtazapine since at least 03/27/2012. However, the documentation failed to provide evidence in regard to the effectiveness, a change in function, sleep quality, and the duration of sleep along with a psychological assessment. Based on the lack of required documentation in regard to the effectiveness, the toleration, any contraindications, pain outcomes, sleep quality and duration, and a psychological assessment, the request is not supported by the guidelines. As such, the request for mirtazapine 15 mg 2 tabs QHS #90 is not medically necessary.

