

<b>Case Number:</b>	CM14-0196664		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is 59 year old male with DOI 1/10/12. Per physicians report 10/27/14, the patient presents with constant low back pain, spasm, stiffness, and tightness. The patient is not able to work, shooting pain down the legs, numbness and tingling. The patient is taking Norco, gabapentin, mirtazapine and naproxen "to be functional." He has mild gastritis, which he takes Protonix for; has sleep difficulties, cannot do forceful push/pull/lifting; prolonged sitting and needs to change positions frequently. Exam showed tenderness l-spine, and facet loading, overall gained 5 lbs. The listed diagnoses are discogenic lumbar condition with disc disease at multiple levels and chronic pain syndrome. The physician recommends the listed medications as well as Tramadol ER 150mg #30, Protonix 20 #60 for upset stomach. 9/22/14 report by the physician has the patient with similar symptoms (no pain scales provided) and the patient was referred to Ortho with no response. The patient is seeing [REDACTED] for his foot. Request is for Norco, Gabapentin and mirtazapine. Patient has access to back brace, hot and cold and TENS unit. 9/8/14 report has low back pain at 8/10, "Norco which helps to decrease his pain level." MRI showed disc height loss at L4-5 with foraminal stenosis and had a prior referral to [REDACTED] for spine surgical consultation. The patient is using "Norco to manage his pain, gabapentin for neuropathic pain, mirtazapine for insomnia and depression, and naproxen for anti-inflammation." 7/3/14 reports states, "He needs refill of medication to help him to be functional." "He is trying to walk as much as tolerated, although, it causes increased pain." 3/20/14 report states, "low back at 8/10. Vicodin decrease his pain to 1-2/10." The patient manages to do light chores and lives by himself. Utilization review denial letter is dated 11/14/14 and Norco was modified to #30, Tramadol ER certified, Mirtazapine and Protonix are denied. The opiate was denied stating that this medication was prescribed for 2 years without functional improvement documentation.

Mirtazapine was denied stating that it was used since 1/61/14 with continued sleep difficulties. Progress reports were provided from 2/28/13 to 10/27/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60-61,88-89,76-78.

**Decision rationale:** This patient presents with low back pain with an MRI showing degeneration of disc at L4-5. Review of the reports show that this medication was first mentioned 7/3/14 report but the patient was on Vicodin previous to this. In this case, the four A's are inadequately documented. There was one report from 3/20/14 that documents analgesia with pain from 8/10 without medication down to 1-2/10 with medications. None of the other reports discuss specific ADL's as related to the use of this opiate. The physician provides general statements such as "He needs refill of medication to help him to be functional," but does not provide any necessary details show significant improvement. No aberrant drug behaviors are documented including UDS's, CURES, lost/stolen meds, pain contracts, etc. Outcome measures or use of validated instrument to show functional improvements as required by MTUS are not provided. Given the lack of adequate documentation regarding the four A's, the requested Norco is not medically necessary.

**Mirtazapine 15mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, under insomnia

**Decision rationale:** This patient presents with chronic low back pain with an MRI showing degeneration of the disc at L4-5. Based on utilization review letter from 11/14/14, the patient has been on this medication for some 2 years. Review of the available reports does not discuss this medication specifically although the patient's insomnia issues are documented. The physician does not discuss the rationale for this prescription in any of the reports. MTUS does not directly discuss Mirtazapine, although antidepressants are recommended for chronic pain and particularly neuropathic pain. ODG guidelines pain chapter, under insomnia states, "Sedating antidepressants (e.g., Amitriptyline, Trazodone, mirtazapine) have also 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." In this case, the physician does not provide a

diagnosis of depression to warrant the use of this SSRI medication. There is documentation of insomnia but the physician does not explain how this medication has been helpful despite a long-term use. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of adequate discussion regarding the use and efficacy of this medication, the request is not medically necessary. In this case, the treater does not provide a diagnosis of depression to warrant the use of this SSRI medication. There is documentation of insomnia but the treater does not explain how this medication has been helpful despite a long-term use. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of adequate discussion regarding the use and efficacy of this medication, the request IS NOT medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with chronic low back pain with an MRI showing degeneration of the disc at L4-5. The physician indicates on 10/27/14 that the patient is on Protonix for "mild gastritis." A report from 9/8/14 shows that the patient is on Naproxen and other medications. Regarding PPI's, MTUS page 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this patient, while the physician mentions mild gastritis and the patient is on Naproxen, there is lack of GI assessment as required by MTUS. There is also no documentation of efficacy. It is not known whether or not the patient requires on-going use of this medication to control the patient's mild gastritis. Given the lack of adequate documentation in terms of GI risk assessment and efficacy, the request is not medically necessary.