

Case Number:	CM14-0215968		
Date Assigned:	01/06/2015	Date of Injury:	02/05/2006
Decision Date:	02/28/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 40 year old female with an injury date on 02/06/2006. Based on the 11/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Discogenic lumbar condition with two-level disc disease, bulging at L4-L5 and L5-S1 and facet changes at both levels. Nerve studies at least in 2011 showing weak findings of SI radiculopathy bilaterally. 2. Chronic pain syndrome. According to this report, the patient complains that her "low back pain has been daily at 7/10 on the pain scale. She takes Norco which decreases pain to 3/10 providing pain relief." The patient also admits to sleep issue as well as elements of depression. The objective findings indicate "Blood pressure is 135/98 and pulse is 84. The patient is not in acute distress. She is asymptomatic. Lumbar flexion is to 35 degrees and extension to 15 degrees." The 10/09/2014 report indicates patient's pain is persistently at 7/10 and decreases to a 4/10 when takes Norco. The treatment plan is request for medications, see pain management, obtain a 10-panel urine drug screen, back brace for support, and return for a follow-up evaluation on December 8, 2014. The patient's work status is "not working." There were no other significant findings noted on this report. The utilization review denied the request for Remeron #30, (2) Norco #120, and (3) Flexeril #60 on 11/27/20124 based on the MTUS Guidelines. The requesting physician provided treatment reports from 01/16/2013 to 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress; Pain (Chronic), Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: According to the 11/04/2014 report, this patient presents with persistent 7/10 low back pain. The current request is for 1 prescription of Remeron 15mg #30. This medication was first mentioned in the 01/16/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The ODG Pain chapter, under anxiety medications in chronic pain states, "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis" and specifically addresses Mirtazapine (Remeron) as a second-line antidepressant. In reviewing the medical reports provided, the Utilization Review denial letter states, "Per the patient's most recent exam, there is a lack of documented improvement with the use of Remeron. The patient does display symptoms of depression." In this case, the submitted reports show the patient suffers with "sleep issue as well as elements of depression." However, the treating physician does not discuss the medication efficacy. There is no explanation as to how this medication is effective in managing any of the patient's current conditions. The MTUS Chronic Pain Guidelines page 60 requires documentation of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61,76-78,88-89.

Decision rationale: For chronic opiate use, the MTUS Chronic Pain Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS Chronic Pain Guidelines page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the treating physician documents that the patient "is on Norco, which decreases pain from 7/10 to 3/10." The patient "is

able to lift a gallon" and "she manages to do some simple chores at home." In this case, the reports show documentation of pain assessment. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by the MTUS Chronic Pain Guidelines. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per the MTUS Chronic Pain Guidelines. UDS was not mentioned in the provided reports. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document the 4 A's as required by the MTUS Chronic Pain Guidelines. The request is not medically necessary.

1 prescription of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 11/04/2014 report, this patient presents with persistent 7/10 low back pain. The current request is for 1 prescription of Flexeril 7.5mg #60. For muscle relaxants for pain, the MTUS Chronic Pain Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 01/16/2013 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low Back chapter: lumbar supports

Decision rationale: According to the 11/04/2014 report, this patient presents with persistent 7/10 low back pain. The current request is for 1 back brace. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention," however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of

nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The guidelines support the use of a lumbar brace in the acute phase of care and this patient is in the chronic phase of care. Therefore, the request is not medically necessary.