MAXIMUS Federal Services

Case Number:	CM15-0015071		
Date Assigned:	02/03/2015	Date of Injury:	02/06/2008
Decision Date:	06/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an industrial injury on 02/06/08. Initial complaints and diagnoses are not available. Treatments to date include medications, 3 knee surgeries, 3 cortisone injections into her right knee, and 5 Hyalgan injections, as well as a knee brace, cold wrap, TENS unit, a walker, a cane, and physical therapy. Diagnostic studies include MRIs and x-rays of the right knee. Current complaints include limping, collapsing, and weakness. Current diagnoses include internal derangement of the right knee, chronic pain and related inactivity, depression and sleep disorder. In a progress note dated 12/19/14 the treating provider reports the plan of care as psychiatrist referral, an additional Hyalgan injection, 4 therapy sessions, and medication including MSContin, Percocet, Zoloft, Terocin patches, Flexeril, Nalfon, Protonix, Remeron, and Tizanidine. The requested treatments include Remeron and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): s 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Remeron Prescribing Information.

Decision rationale: The claimant sustained a work injury in February 2008 and continues to be treated for chronic right knee pain. When seen, she was receiving knee injections. She was using a rolling walker. There was right knee joint line tenderness with decreased range of motion and a slight limp. The claimant's BMI is nearly 33. Flexeril and Remeron are being prescribed on a long-term basis. Remeron (mirtazapine) is an antidepressant used to treat major depressive disorder and prescribed off-label when used for insomnia. In this case, there is no diagnosis of major depressive disorder. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. For example, this claimant may have obstructive sleep apnea and, if this was causing the claimant's sleep disturbance, then treatment for this condition could be considered. Therefore, the continued prescribing of Remeron is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): s 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): s 41; 63.

Decision rationale: The claimant sustained a work injury in February 2008 and continues to be treated for chronic right knee pain. When seen, she was receiving knee injections. She was using a rolling walker. There was right knee joint line tenderness with decreased range of motion and a slight limp. The claimant's BMI is nearly 33. Flexeril and Remeron are being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and there is no documentation of any muscle spasms. It was therefore not medically necessary.