MAXIMUS Federal Services

Case Number:	CM15-0113297		
Date Assigned:	06/19/2015	Date of Injury:	09/26/2012
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: California
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 59 year old male who sustained an industrial injury on 9/26/12. The injured worker was diagnosed as having lumbar/lumbosacral degeneration and lumbar radiculopathy. Currently, the injured worker was with complaints of lower back discomfort with radiation to the lower extremities. Previous treatments included epidural injections, status post microdiscectomy, activity modification and oral pain medication. Previous diagnostic studies included an electromyography, nerve conduction velocity study and a magnetic resonance imaging (5/13/15) revealing moderate bilateral stenosis at L4-5, mild to moderate left and moderate right lateral stenosis at L3-4 and at L3-4 mild left and mild to moderate right L5 foraminal narrowing. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Mirtazapine 15mg tablet #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The CPMTG on page 105 states the following regarding SNRIs (serotonin noradrenaline reuptake inhibitors) "Recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific SNRI listing for more information and references. See also Venlafaxine (Effexor) and Duloxetine (Cymbalta)." Further guidelines are found in the ACOEM Stress Related Conditions Chapter, pages 395-396, 402, which state: "The focus of the physical examination will be based on the presenting symptoms. However, it always includes a general assessment of the patient's current mental and physical state. The clinician needs to maintain a high index of suspicion for underlying depression and for other underlying medical disorders that might present with psychosomatic symptoms, including substance abuse, withdrawal, and evidence of domestic violence. A standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. It is especially important to address inconsistencies between the patient's presenting complaints or answers to questions and observed behaviors, and to address those inconsistencies in a curious, positive manner. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile." In the case of this worker, the submitted documentation indicates that the Remeron is being utilized to address anxiety and depression. The patient has a pain disorder diagnosed by a psychiatrist, and continues to receive psychiatric care. There is documentation of intolerance of other antidepressants. There is documentation that the Remeron helps in terms of reducing anxiety, and sequential follow-up with psychiatry continues. Therefore, this request is medically necessary.

Retro: New Terocin lotion #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 106, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-

inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Furthermore, only topical lidocaine in patch form as Lidoderm is recommended per CPMTG, and thus this component is not recommended. Therefore, the currently requested Terocin is not medically necessary.