

Case Number:	CM15-0121348		
Date Assigned:	07/02/2015	Date of Injury:	08/17/2013
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic shoulder, neck, and hand pain reportedly associated with an industrial injury of August 17, 2013. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for Remeron and Flexeril. The claims administrator referenced an office visit of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing complaints of shoulder and hand pain. The applicant was using OxyContin 30 mg twice daily, it was reported. The attending provider posited that the applicant's ability to perform activities of daily living such as laundry was ameliorated as a result of ongoing medication consumption. The applicant reported issues with anxiety and depression in the psychiatric review of systems section of the note but apparently denied hallucinations or suicidal thoughts, it was reported. The applicant was using Lidoderm, Remeron, Flexeril, Neurontin, and OxyContin, it was reported. Norco, Lidoderm, Remeron, Flexeril, and Neurontin were all prescribed on this date. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place, although this was not clearly stated. The attending provider suggested that Remeron was being employed for insomnia and/or restless leg issues but did not clearly state whether or not Remeron was or was not effective in ameliorating the same. On May 7, 2015, the applicant reported ongoing complaints of shoulder and hand pain. Issues with anxiety and depression were again reported in the review of systems section of the note. Neurontin, OxyContin, Lidoderm patches, Remeron, and Flexeril were renewed. The same, unchanged, 5-pound lifting limitation was likewise endorsed. Once again,

it was not stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The attending provider suggested that Remeron was being employed for insomnia, restless leg syndrome, and/or depression but did not, once again, clearly state whether or not Remeron was or was not proving effectual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril or other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including OxyContin, Remeron, Lidoderm patches, Neurontin, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Mirtazapine 15mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: Similarly, the request for mirtazapine (Remeron), an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 407 does acknowledge that it often takes weeks for anti-depressants such as mirtazapine (Remeron) to exert their maximal effect, here, however, the applicant had been using Remeron for a minimum of several months as of the date in question, May 7, 2015. The attending provider did not state whether or not ongoing usage of mirtazapine (Remeron) had or had not effectively attenuated issues with depression, anxiety, insomnia, and/or restless leg syndrome. Only incidental mention was made of the applicant's mental health issues on the office visits at issue. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, such discussion was absent insofar as Remeron (mirtazapine) was concerned. Therefore, the request was not medically necessary.

