

Case Number:	CM15-0076928		
Date Assigned:	04/28/2015	Date of Injury:	11/18/2007
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker (IW) is a 55-year-old female who sustained an industrial injury on 11/18/2007. Diagnoses include plantar fasciitis, tenosynovitis of foot and/or ankle, myofascial pain and lumbar degenerative disc disease. Treatment to date has included medications, bracing, TENS unit, home exercise program and paraffin bath. According to the progress notes dated 2/28/15, the IW reported continued intermittent right wrist, right ankle and low back pain. A request was made for Mirtazapine 15mg, #30 and Tramadol 37.5/325mg, #40 for sleep and pain. The documentation indicates that sleep is improved with Mirtazapine 15mg qhs and that sometimes the patient feels that it is too strong and causes morning drowsiness. She works part time. A 4/4/15 document states that the patient was advised to use half of a 15mg pill of Mirtazapine due to morning drowsiness and to consider a psychiatrist if mood symptoms worsen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food & Drug Administration) Approved Labeling Information for Mirtazapine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress- Insomnia treatment.

Decision rationale: Mirtazapine 15 mg Qty 30 is not medically necessary per the ODG. The ODG states that 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. The documentation does not indicate clear evidence for depression. Furthermore, the documentation indicates that the patient was drowsy taking 15mg at bedtime and was told to take half this dose. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The request for 30 pills would be a two month supply for this patient and is not appropriate as the ODG suggests that failure of sleep disturbance to resolve in 7-10 days and may indicate a psychiatric problem. The documentation reveals that the patient has not had a psychiatric evaluation yet and continued use of this medication without proper diagnoses is not medically necessary.

Tramadol 37.5/325 mg Qty 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol 37.5/325 mg Qty 40 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal an increase in function on Tramadol therefore the request for Tramadol is not medically necessary.