

Independent Medical Review Final Determination Letter

1032

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0018353	Date of Injury:	02/08/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/28/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
DICLOFENAC, MIRTAZSPINE, HYDROCODONE			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 2/8/2012. This patient is a 51-year-old man. His treating diagnosis include lumbar sprain/strain and degenerative disc disease. An initial physician reviewer requested noncertification of diclofenac with the rationale that the provider had been requested to provide quantitative descriptions, indicating that the patient's subjective, objective, and functional response to a prior use of this medication. The prior physician reviewer additionally noted that mirtazapine had been addressed on a prospective basis in a prior review, and therefore this was a duplicate request. Regarding hydrocodone, the prior physician reviewer indicated that this was previously addressed in a prior review as there was insufficient information to support an indication for this treatment.

A PR-2 form of 8/15/2013 is handwritten and almost entirely illegible.

IMR DECISION(S) AND RATIONALE(S)

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

1. Diclofenac Sodium 100mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory Medications, page 22, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Chronic Pain Guidelines section on antiinflammatory medications states "Anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume but longterm use may not be warranted." Therefore, the guidelines indicate that physician notes would need to document ongoing risk versus benefit analysis to support the continued need for antiinflammatory medications in a chronic setting. **The medical records do not include such information. The request for Diclofenac Sodium 100mg is not medically necessary and appropriate.**

2. Mirpazepine 15mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Pain section, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on FDA approved labeling information for Mirtazepine, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This medication is not directly addressed in the medical treatment utilization schedule. FDA Approved Labelling information states "Mirtazepine tablets are indicated for the treatment of major depressive disorder." The current medical records are very limited and are not legible and do not provide information to support this indication or the effectiveness of this medication. **The request for Mirpazepine 15mg #30 is not medically necessary and appropriate.**

3. Hydrocodone Bit/Acet 10/325 #120 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, ongoing management, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends "The lowest possible dose should be prescribed to improve pain and function . . . Recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not contain monitoring of opioid benefit versus side effect as recommended by the guidelines. At this time the medical records do not establish the necessity of this treatment based upon the treatment guidelines.

The request for Hydrocodone Bit/Acet 10/325 #120 is not medically necessary and appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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