

Case Number:	CM13-0019952		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2012
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 Orthopedic Surgery and is licensed to practice in the state of New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male with a date of injury of March 1, 2012. He is 5-foot-8 and 220 lbs. The patient has complaints of chronic pain in multiple body regions. The patient is being treated for a chronic neck sprain with right upper extremity radiculopathy. He is also being treated for lumbar spine strain with bilateral sacroiliac joint sprain. He also has a history of right shoulder tendinitis with impingement, right elbow medial epicondylitis, and cubital tunnel syndrome with right wrist sprain and tendinitis in the right wrist. The patient also complains of emotional and sleep difficulties. Physical examination reveals neck tenderness and trapezius muscle tenderness with reduced range of neck motion. Spurling's test is negative. There is lumbar spine tenderness with spasm and tenderness over the sacroiliac joints. Lumbar range of motion is documented as being normal. There is back pain with straight leg raise test and sacroiliac pain bilaterally. There is swelling over the right acromioclavicular joint. The patient has a positive impingement test with reduced range of shoulder motion. Sensation is decreased to pinprick and light touch in the ulnar distribution on the right side. Motor testing is normal with respect to bilateral upper and lower extremities with the exception of the right shoulder which is diminished secondary to pain. There is no significant motor neurologic deficit noted. Reflexes are documented as being normal. X-rays from July 10, 2013 reveal some anterior spurring at C5-C6 and some carpometacarpal osteoarthritis in the wrist. The patient has treatment to include home exercise and medications along with work restrictions. At issue is whether Remeron is medically needed.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

Decision rationale: Remeron is a benzodiazepine. ODG Guidelines state that Remeron may be recommended for the treatment of depressive disorder that has been initially treated with SSRI medication. Specifically, Remeron may be recommended as an adjunct to SSRI titration. There is no evidence that Remeron will be used as an adjunct to SSRI therapy. Therefore, Remeron is not medically necessary.