

Case Number:	CM13-0040039		
Date Assigned:	12/20/2013	Date of Injury:	04/22/2002
Decision Date:	04/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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:

This is a 57 year-old male who was injured on 4/22/2002. He has been diagnosed with bilateral shoulder pain, with right shoulder full thickness tear of the SSTs/p surgery and left shoulder impingement; bilateral CTS; bilateral lateral epicondylitis. According to the 9/10/13 report from [REDACTED], the patient presents with 8-10/10 pain down the arms. On 9/18/13 [REDACTED] UR recommended against use of Remeron for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The patient is reported to have pain down both arms, depression, anxiety, stress and difficulty sleeping. The physician states the Remeron is taken at night to help with the insomnia and the morning he uses Paxil. The California MTUS states antidepressants are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic

pain" ODG for insomnia treatment states Mirtazapine has "also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. " The patient has coexisting depression. The use of Remeron appears to be in accordance with MTUS and ODG guidelines.