MAXIMUS Federal Services

Case Number:	CM13-0041205		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2008
Decision Date:	02/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

The claimant is a 45-year-old male was injured on 3/29/08. The mechanism of injury occurred when he was pulling a heavy dolly with 100 plates over a sloping grassy area. He bent his back and sprained his lumbar back. The diagnoses were status post anterior and posterior lumbar fusion at L3-4 with instrumentation, L4-5 posterior disc bulge, left L5 radicular pain, and severe depression. The patient technically had a failed lumbar back surgery syndrome with intractable chronic lumbar backache, bilateral lower extremity radiculopathy pain, referred pain, and recurrent myofascial strain. A lumbar MRI dated 5/4/11 documented presence of L3-L4 posterior lumbar stable bony fusion with postoperative changes of laminectomy and fusion. The L2-l3, L4-L5 and L5-S11evels were essentially within normal limits. Electrodiagnostic studies of the lower extremities on 3/27/12 documented chronic denervation pattern, indicating left L4 radiculopathy. There was no indication of acute exacerbation of chronic radiculopathy. A follow up dated 7/9/13 indicated that the patient was on Norco, Flexeril, Remeron, Trazodone, and Naproxen for pain relief. There was mild elevation of hepatic enzymes. On examination, there was tenderness with myospasm, more so on the left side of the back with reduced range of movements. Reflex deficits, sensory deficits or motor weakness was not outlined. Thus, the patient had no evidence of radiculopathy. At a recent peer review on 8/19/13, a left transforaminal epidural steroid injection was request was denied. The patient was dependent on medications for maintenance of pain relief and relief of depression. The last follow up dated 9/10/13 documented restricted lumbar range of movements with myospasm. Laboratory studies had been performed, confirming elevation of the liver enzymes as mentioned before. This review was pertinent to the medical necessity of medication antidepressant Remeron which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 30mg 2 PO Q HS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

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

Decision rationale: CA-MTUS page 13, section on Anti-depressants stated: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimalduration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. According to Drug Information online (www.drugs.com/remeron.html) Remeron (mirtazapine) is a tetracyclic antidepressant. It affects chemicals in the brain that may become unbalanced and cause depression. It is thought to increase the activity of norepinephrine and serotonin which help elevate mood. Remeron is used to treat major depressive disorder. Remeron may also be used for other purposes not listed in this medication guide. Although antidepressants are known to provide additional neuropathic pain relief, multiple antidepressants used simultaneously do not necessarily provide additional synergistic analgesia and in fact, propensity for side effects increases significantly. The guidelines are not supportive of two antidepressants and the patient was effectively receiving Trazodone, which is also an effective antidepressant and sedative. Therefore the request for Remeron is not medically necessary.