MAXIMUS Federal Services

Case Number:	CM14-0022575		
Date Assigned:	06/11/2014	Date of Injury:	03/05/2007
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 37-year-old female with date of injury of 03/05/2007. The medical record associated with the request for authorization, a pain management follow-up, dated 04/07/2014, lists subjective complaints as moderate to severe pain in her back, upper, and lower extremities. In terms of psychological distress, objective findings include an overall positive mood. The patient is followed by a pain psychologists, who states that the patient denies any suicidal or homicidal ideation. The initial denial was issued on 02/17/2014, based on the medical records provided for review, which lacked sufficient evidence or information regarding the patient's state of mind in regards to anxiety or depression. Supplemental information was provided, but offered no new information allowing approval of the medications. The diagnosis included: Complex regional pain syndrome affecting bilateral upper and lower extremities. The patient has been taking the following medication for at least as far back as 01/28/2009. Medications include: 1.Cymbalta CPEP 60mg, #60, SIG: q.a.m. 2.Remeron 15mg, #60, SIG: one tablet nightly, may repeat once as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA CPEP 60MG #60, WITH ONE (1) REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Serotonin norepinephrine reuptake inhibitors (SNRIs) Page(s): 14, 105.

Decision rationale: The Chronic Pain Guidelines indicate that antidepressants for chronic pain is recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. The request for Cymbalta is medically necessary.

REMERON 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: Remeron is a noradrenergic and specific serotonenergic antiidepressant (NaSSA) not specifically addressed in the MTUS Guidelines or the Official Disability Guidelines. Remeron is primarily used in the treatment of major depression disorder and other mood disorders. Due to its sedated properties, it is prescribed by some physician's as a sleep aid. The prescribed directions to the patient stated that she is to take one (1) fifteen (15) milligram tablet in the evening, and may repeat this one (1) time. This indicates that the Remeron is prescribed for sleep. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Remeron since at least January 2009. The request for Remeron is not medically necessary.