

<b>Case Number:</b>	CM14-0027762		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Internal Medicine and is licensed to practice in Texas. 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 beneficiary developed pain in the right upper extremity in May 2007. He has undergone right carpal tunnel and ulnar nerve release. Treatment has consisted of medications, including an extended course of Remeron (an antidepressant) and analgesics. Diagnoses include adhesive capsulitis of the shoulder, status post right carpal tunnel and ulnar nerve release, and depression/insomnia. The most recent evaluation indicates that the beneficiary's depression is rated at a 7 on a scale of 1 to 10. The records do not document significant functional improvement with Remeron treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIRTAZAPINE 15MG, 2 TABS QHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Antidepressants are recommended as a first line option for neuropathic pain, and as a possible option for non-neuropathic pain. Drugs in the tricyclic class are generally considered as first line agents. Assessment of efficacy should include evidence of functional

improvement. The optimal duration of treatment with antidepressants is unknown, but if pain is in remission after therapy, a gradual tapering may be attempted. Long-term effectiveness of antidepressant use for the treatment of chronic pain has not been established. In this case, there is no evidence of neuropathic pain. There is no evidence of significant functional improvement with a long course of treatment with Remeron. Therefore, the ongoing use of Remeron is not indicated.