

Case Number:	CM14-0046587		
Date Assigned:	07/02/2014	Date of Injury:	02/12/2013
Decision Date:	08/28/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old male with a reported date of injury on 02/14/2013. The injury reportedly occurred when 6 boards fell on his head. His previous treatments include physical therapy and medications. His diagnoses include cervical/trapezius musculoligamentous sprain/strain with left upper extremity radiculitis; thoracolumbar musculoligamentous sprain/strain with lower extremity radiculitis; bilateral sacroiliac joint sprain; bilateral shoulders and parascapular strain with right shoulder tendinitis / impingement / bursitis; bilateral knee patellofemoral arthralgia; carpal tunnel syndrome; and headaches. A progress note dated 07/11/2014 revealed the injured worker complained of right shoulder weakness and decreased range of motion. He was seen by a pain management doctor who recommended an epidural steroid injection. The physical examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint, subacromial region, and trapezius muscles. Crepitus was present and the impingement and cross arm tests were positive. The provider indicated the Remeron was to be discontinued. The request for authorization dated 03/18/2014 was for Remeron 15 mg 1 by mouth at bedtime #30 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Remeron 15 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, page 13 Page(s): 13.

Decision rationale: The request for 1 prescription of Remeron 15 mg #30 is not medically necessary. The provider discontinued the Remeron in the most recent progress note. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain and the possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in other analgesic medications, sleep quality and duration, and psychological assessments. Side effects including excessive sedation should be assessed. The injured worker was prescribed this medication for sleep, and the provider discontinued this medication in the most recent progress note. Additionally, there was a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.