

Case Number:	CM14-0056488		
Date Assigned:	07/09/2014	Date of Injury:	08/22/2003
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/26/2014

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 & Emergency 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 patient is a 62 year-old with a date of injury of 08/22/03. A progress report associated with the request for services, dated 01/29/14, identified subjective complaints of right upper extremity neuropathic pain. Objective findings included allodynia and hyperesthesia of the right lower arm. Diagnoses included injury to the radial nerve and neuralgia. Treatment had included physical therapy, a TENS unit, and a muscle relaxant, anti-seizure agent, and oral analgesic. A Utilization Review determination was rendered on 04/01/14 recommending non-certification of Remeron 15 mg. #90 with 3 refills and Lexapro 20 mg. #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15 mg. #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC): Mental Illness and Stress Procedure Summary.

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

Decision rationale: Remeron (mirtazapine) is a noradrenergic and specific serotonergic (NaSSA) antidepressant, indicated for the treatment of major depressive disorders. The

California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feurstein, 1977) (Perrot, 2006). The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. The optimal duration of therapy is not known. The Guidelines recommend that assessment of treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants occur. The long-term effectiveness of antidepressants has not been established. For neuropathic pain, tricyclics agents are recommended as first-line. Recent reviews also list tricyclics and SNRIs (duloxetine and venlafaxine) as first-line options. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Based on the lack of support for the efficacy of the NaSSA class of antidepressants for neuropathic pain, or evidence of functional improvement, there is no medical necessity documented for Remeron. Additionally, it is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants should occur. As such, the request for Remeron 15 mg. #90 with 3 refills is not medically necessary and appropriate.

Lexapro 20 mg. #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment & Workman's Compensation (TWC): Mental Illness and Stress Procedure Summary, Antidepressant Therapy.

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

Decision rationale: Lexapro (escitalopram) is an SSRI class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feurstein, 1977) (Perrot, 2006). The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. The optimal duration of therapy is not known. The Guidelines recommend that assessment of treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants occur. The long-term effectiveness of antidepressants has not been established. For neuropathic pain, tricyclics agents are recommended as first-line. Recent reviews also list tricyclics and SNRIs (duloxetine and venlafaxine) as first-line options. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. The MTUS Guidelines state that tricyclic antidepressants specifically are

recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. SNRIs are recommended as a first-line option for diabetic neuropathy. They note that there is no high quality evidence to support the use of duloxetine (SNRI) for lumbar radiculopathy. Related to SSRIs, the Guidelines state: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials (Finnerup, 2005) (Saarto-Cochrane, 2005). It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain (Namarka, 2004). More information is needed regarding the role of SSRIs and pain. Based on the lack of support for the efficacy of the SSRI class of antidepressants for neuropathic pain, or evidence of functional improvement, there is no medical necessity documented for Lexapro. Additionally, it is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants should occur. As such, the request for Lexapro 20 mg. #90 with 3 refills is not medically necessary and appropriate.