

Case Number:	CM14-0080918		
Date Assigned:	07/18/2014	Date of Injury:	02/21/2004
Decision Date:	09/12/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 2/21/04 while employed by [REDACTED]. Request(s) under consideration include Remeron 15 mg. Diagnoses include cervical radiculitis/ cervical degenerative disc disease s/p artificial placement at C5-6, C6-7/ cervical facet syndrome; occipital neuralgia; status post left knee replacement; bilateral carpal tunnel syndrome (CTS) status post right carpal tunnel release (CTR) in December 2013; left lateral epicondylitis; status post right total hip replacement. Conservative care has included trigger point injections, epidural injections, physical therapy, occupational therapy, medications, and modified activities/rest. Medications list Soma and Flexeril. Report of 4/23/14 from the provider noted the patient had 70% pain relief from cervical epidural injection performed in January and is awaiting authorization for carpal tunnel surgery having completed occupational therapy. Exam of the cervical spine showed restricted range of motion; intact motor strength with exception of wrist extension on right; tenderness over cervical facets and paraspinal muscles; lumbar range was restricted with normal motor strength. Request(s) for Remeron 15 mg was non-certified on 5/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remron 15Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Pain.

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

Decision rationale: This patient sustained an injury on 2/21/04 while employed by [REDACTED]. Request(s) under consideration include Remeron 15 mg. Diagnoses include cervical radiculitis/ cervical degenerative disc disease status post artificial placement at C5-6, C6-7/ cervical facet syndrome; occipital neuralgia; status post left knee replacement; bilateral CTS status post right CTR in December 2013; left lateral epicondylitis; status post right total hip replacement. Conservative care has included trigger point injections, epidural injections, physical therapy, occupational therapy, medications, and modified activities/rest. Medications list Soma and Flexeril. Report of 4/23/14 from the provider noted the patient had 70% pain relief from cervical epidural injection performed in January and is awaiting authorization for carpal tunnel surgery having completed occupational therapy. Exam of the cervical spine showed restricted range of motion; intact motor strength with exception of wrist extension on right; tenderness over cervical facets and paraspinal muscles; lumbar range was restricted with normal motor strength. Request(s) for Remeron 15 mg was non-certified on 5/5/14. MTUS Medical Treatment Guidelines do not recommend Remeron, a Noradrenergic Serotonergic anti-depressant without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. Remeron may be an option in patients with coexisting diagnosis of major depression; however, that has not been clearly demonstrated from submitted reports for this chronic injury of 200 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any specific diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Remeron 15 mg is not medically necessary.