

Case Number:	CM14-0188688		
Date Assigned:	11/19/2014	Date of Injury:	08/06/2008
Decision Date:	01/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Rehab, has a subspecialty in Interventional spine 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 66-year-old male with an injury date of 08/06/2008. Based on the 07/14/2014 progress report, the patient complains about constant pain in his right shoulder and right wrist, which he rates as a 6-8/10. He has moderate difficulty sleeping. The 08/25/2014 report states that the patient has frequent pain and numbness in his right hand as well as painful movements of his right shoulder. He rates his right hand pain as a 5-7/10 and his shoulder pain as a 5/10. He remains depressed and rates his depression as a 7/10. "He indicates his current pain and discomfort is moderately impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people." The patient's cervical spine range of movement is slightly to moderately restricted in all planes. There is multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal musculature as well as the trapezius, levator scapulae, scalene, and infraspinatus muscles. The patient's range of motion for his right shoulder is also slightly to moderately decreased in all directions. The range of motion for the right wrist is decreased in all directions. There is tightness and spasm at the right trapezius muscle upon palpation. There is mild to moderate muscle atrophy noted to the right deltoid, right biceps, and right triceps muscles. The right wrist demonstrated mild swelling and diffuse tenderness upon palpation. Sensation to fine touch and pinprick is decreased in the first and second digits of the right hand. The 09/08/2014 report states that the patient continues to have constant pain and numbness in his right shoulder, right wrist, and right arm. He is also now having mild pain in his neck. No additional positive exam findings were provided. The patient's diagnoses include the following: Adhesive capsulitis, right shoulder. Status post-surgical release of right carpal tunnel syndrome and right ulnar nerve, 08/23/2011. Depression and insomnia. Mild right C5 radiculopathy. The utilization review determination being challenged is dated 11/06/2014. Treatment reports were provided from 06/02/2014 - 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Insomina Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, under insomnia

Decision rationale: According to the 09/08/2014 progress report, the patient presents with constant pain and numbness in his right shoulder, right wrist, right arm, and pain in his neck. The request is for REMERON 15 mg #45. The patient has been taking Remeron as early as 06/02/2014. Mirtazapine (Remeron) is classified as an antidepressant. The MTUS Guidelines page 13 states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." ODG Guidelines pain chapter, under insomnia states, "Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." The 06/02/2014 report states that the patient "remains depressed and rates his depression as 7/10." The 07/14/2014 reports states that the patient is taking "Remeron for his insomnia and depressive symptoms. He remains depressed and rated his depression as 5/10." The 08/25/2014 report states "He reports getting greater than 80% pain relief with his current medications. He remains depressed and rates his depression as 7/10." The 09/08/2014 report states that the patient "has been taking Remeron for insomnia." The patient has been diagnosed with depression and insomnia as early as 06/02/2014 and has been taking Remeron as early as 06/02/2014. MTUS page 60 requires documentation of pain and function when medications are used for chronic use. The patient's depression dropped from a 7/10 to a 5/10, then increased back to a 7/10; there is no significant change in the patient's pain with Remeron. While the treater provides a general statement about how the patient has "80% pain relief," there is no specific statement on how Remeron is effective in managing any of patient's current conditions including the patient's insomnia. There is no documentation that the patient's insomnia is improved with use of this medication. Given a lack of adequate discussion regarding the use and efficacy of Remeron, the requested Remeron is not medically necessary.