

<b>Case Number:</b>	CM14-0204000		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

41 year old male claimant with an industrial injury dated 07/12/13 Exam note 10/24/14 states the patient returns with right shoulder pain. The patient explains experiencing a constant stiffness and weakness of the right shoulder. Upon physical exam the patient demonstrated a decreased range of motion. The patient completed a positive impingement sign test and cross arm test. Conservative treatments include physical therapy, medications, and acupuncture. Treatment includes a continues prescription of Norco and mirtazapine, along with an arthroscopic decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Insomnia Treatment; Non-Benzodiazepine Sedative-H. Decision based on Non-MTUS Citation Evidence-Based Guidelines, Antidepressants

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

**Decision rationale:** CA MTUS/Chronic Pain Medical Guidelines, Antidepressants, page 13 reports that Remeron is an antidepressant used for major depressive disorder. There is no indication in the medical documentation of a major depressive disorder or a psychiatric evaluation demonstrating a need for use of Remeron. As there is lack of medical necessity for the use of Remeron in the exam note of 10/24/14, the request is not medically necessary.

**Random Urine Sample:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction; Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse:a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement.b) Limitation of prescribing and filling of prescriptions to one pharmacy.c) Frequent random urine toxicology screens."In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology from the exam note of 10/24/14. Therefore, the request is not medically necessary.