

<b>Case Number:</b>	CM14-0209489		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 female who was injured at work on 12/18/2008. The progress report of 10/23/14 reported that the injured worker complained of low back pain with stool incontinence; difficulty sleeping for two hours at a time. The pain was 3/10 with pain, but 6-7/10 without medications. The medications help with activities of daily living, and improved sleep. The physical examination revealed limited range of motion of Lumbar spine, paraspinal tenderness. The worker has been diagnosed of Thoracolumbar sprain/Strain; Left sacroiliac joint sprain; right elbow lateral epicondylitis; right shoulder periscapular strain; urinary problems; Fecal incontinence, and Nonorganic of sleep Disorder. Treatments have included L5-S1 Fusion; Ativan, Theramine, Gabadone, Ibuprofen, Vicodine, and Home Health Program. At dispute is the request for Remeron 15mg #30.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/remeron-soltab-mitrazapine-342966>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fda.gov/ohrms/dockets/ac/04/briefing/2004-4065b1-26-tab11G-Remeron-Tabs-SLR016.pdf> 02/17/15.

**Decision rationale:** The injured worker sustained a work related injury on 12/18/2008. The medical records provided indicate the diagnosis of Thoracolumbar sprain/Strain; Left sacroiliac joint sprain; right elbow lateral epicondylitis; right shoulder periscapular strain; urinary problems; Fecal incontinence, and Nonorganic of sleep Disorder. Treatments have included status post L5-S1 Fusion; Ativan, Theramine, Gabadone, Ibuprofen, Vicodine, Home Health Program. The medical records provided for review do not indicate a medical necessity for Remeron 15mg. The MTUS and the Official Disability Guidelines are silent on this topic. However, the FDA's website indicates it is only approved for Major Depression. The requested treatment is not medically necessary and appropriate.