

Case Number:	CM15-0104643		
Date Assigned:	06/09/2015	Date of Injury:	09/21/2010
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on September 21, 2010. The injured worker was diagnosed as having cervical myoligamentous injury with left upper extremity radicular symptoms, arthroscopic surgery of the left shoulder in 2012, status post left carpal tunnel release and left lateral and medial epicondylitis surgery in 2011, status post left ulnar nerve surgery in 2012, and reactionary depression/anxiety. Treatment to date has included MRIs, 48 sessions of physical therapy, 6 sessions of acupuncture, left shoulder surgery, MR Arthrogram, corticosteroid injections, electromyography (EMG), and medication. Currently, the injured worker complains of increased neck pain with associated cervicogenic headache and radicular symptoms to both upper extremities, right greater than left. The Primary Treating Physician's report dated March 31, 2015, noted the injured worker reported her pain could go as high as 9 or 10 in intensity, however with the current medical regimen it was decreased to 7/10. A recent updated MRI was noted to show a worsening of her discogenic disc disease from the previous study, with a 3mm disc protrusion at C6-C7 abutting the left C7 exiting nerve root and left neural foraminal narrowing. The injured worker's current medications were listed as Anaprox, Prilosec, Remeron, Norco, Voltaren gel, Atenolol, Metformin, Allopurinol, and Topamax. Physical examination was noted to show the cervical spine with tenderness to palpation bilaterally with increased muscle rigidity, with numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, decreased range of motion (ROM) with obvious muscle guarding, and positive left Spurling's sign and foraminal compression with ipsilateral extension to the left causing radicular pains to the left medial

scapular region and arm. Examination of the left and right shoulder revealed tenderness to palpation. The treatment plan was noted to include scheduling for a left C6-C7 epidural injection, an administered four trigger-point injections, refill of medications with Prilosec, Anaprox DS, and Remeron dispensed and prescriptions for Norco and Topamax, and a request for authorization for a surgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Remeron 15mg, 1-2mg 1-2 by mouth every night at bedtime, #60 (DOS: 3/31/15): 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): Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective Remeron 50 mg 1 to 2 tablets every night at bedtime # 60 date of service March 31, 2015 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week and antidepressant effects take longer. The main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In this case, the injured worker's working diagnoses are cervical myoligamentous injury of left upper extremity radicular symptoms; status post arthroscopy the left shoulder November 2012; status post left carpal tunnel release and lateral and medial epicondylitis surgery; status post left ulnar nerve surgery July 2012; and reactionary depression/anxiety. Remeron is an antidepressant (SSRI). The documentation shows the treating provider prescribed Remeron as far back as December 18, 2014. Remeron was prescribed for sleep according to the December 18, 2014 progress note. Subjectively, there were no issues with insomnia or sleep difficulties. A follow-up progress note dated January 29, 2015 shows the injured worker is still prescribed Remeron. Documentation states the injured worker sleeps better on Remeron between 5-6 hours a night. The drug is not clinically indicated for insomnia. Consequently, absent clinical documentation with an appropriate clinical indication (for Remeron) with no subjective complaints of insomnia or difficulty sleeping, retrospective Remeron 50 mg 1 to 2 tablets every night at bedtime # 60 date of service March 31, 2015 is not medically necessary.