

Case Number:	CM15-0019787		
Date Assigned:	02/09/2015	Date of Injury:	01/01/2011
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: Texas, New York, California
 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 applicant is a represented 50-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury January 1, 2011. In a Utilization Review report dated December 30, 2014, the claims administrator failed to approve a request for Remeron. The claims administrator referenced a December 15, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note of December 10, 2014, the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and rendered somewhat illegible as a result of repetitive photocopying and faxing. Authorization was sought for a bilateral carpal tunnel release surgery. The applicant also had complaints of shoulder and neck pain, it was further noted. Voltaren, Remeron, Fexmid, and Ultram were apparently prescribed. While it was not clearly stated for what purpose Remeron was prescribed, the attending provider did seemingly circle a box labeled 'depression' in the review of the systems section of the note. It was not, however, stated whether or not Remeron was prescribed on a first-time basis or a renewal basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 16 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: No, the request for Remeron, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that antidepressant such as Remeron may be helpful to alleviate symptoms of depression, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider did not clearly identify whether or not ongoing usage of Remeron had or had not attenuated the applicant's symptoms of depression. It was not clearly identified whether the request in question represented was a renewal request or a first-time request. There was no mention of the applicant's mood having been augmented as a result of ongoing Remeron usage in the handwritten progress note on which the article in question was endorsed. Therefore, the request was not medically necessary.