

Case Number:	CM15-0143543		
Date Assigned:	07/31/2015	Date of Injury:	04/12/2002
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male who sustained an industrial injury on 4-12-02. The mechanism of injury was unclear. She currently complains of low back pain with a pain intensity of 5 out of 10. She has difficulty with sleep. On physical exam of the cervical spine noted tightness; lumbar spine exam revealed positive straight leg raise bilaterally. Medications were Butrans patch, Pamelor, Lyrica, Remeron, Senekot. Diagnoses include post laminectomy pain; status post lumbar fusion L3-S1 (2003); rule out lumbar radiculopathy; chronic pain syndrome; emotional factors. In the progress note dated 6-9-15 the treating provider's plan of care included a request for Remeron 30 mg which has allowed him to be much more functional by mitigating his pain related emotional factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 30mg #30 1 AM with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 19.

Decision rationale: According to the guidelines, atypical anti-psychotics are not recommended. There is insufficient evidence to recommend atypical anti-psychotics for conditions covered in ODG. In this case, the claimant has pain related emotional disorders rather than a true psychosis and underlying depression. In addition, the claimant was on Butrans, Tramadol and Tricyclic anti-depressants. Future response and need cannot be determined. The use of Remeron with 5 refills is not supported by the guidelines and not indicated as 1st line for the claimant. The request is not medically necessary.