

Case Number:	CM15-0165912		
Date Assigned:	09/03/2015	Date of Injury:	09/21/2010
Decision Date:	10/07/2015	UR Denial Date:	08/09/2015
Priority:	Standard	Application Received:	08/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This is a 57 year old female with a September 21, 2010 date of injury. A progress note dated July 28, 2015 documents subjective complaints (increased neck pain with cervicogenic headaches and radicular symptoms to the upper extremity; left shoulder pain; numbness along the first, second, and third digits in the right hand with nocturnal paresthesia), objective findings (tenderness to palpation of the bilateral posterior cervical musculature with increased muscle rigidity; numerous palpable and tender trigger points throughout the cervical paraspinal muscles; decreased range of motion of the cervical spine with obvious muscle guarding; positive Spurling's sign on the left; positive foraminal compression test with ipsilateral extension to the left causing radicular pains to the left medial scapular region and arm; decreased strength of the left upper extremity; decreased grip strength on the left; decreased sensation along the left lateral arm and forearm in the C5-6 distribution and along the second, third, and fourth digits bilaterally; positive Tinel's at the volar aspect of the bilateral wrists; decreased range of motion of the bilateral shoulders), and current diagnoses (cervical myoligamentous injury with left upper extremity radicular symptoms; status post left carpal tunnel release and medial epicondyle surgery; status post left ulnar surgery). Treatments to date have included cervical epidural steroid injection, with 50% pain relief to the neck and radicular symptoms, imaging studies, cortisone injection to the left shoulder with significant relief of the shoulder pain, left carpal tunnel release, diagnostic studies, and medications. The treating physician documented a plan of care that included Remeron SLTB tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron SLTB Tab 15mg 1-2 by mouth HS: Overturned

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 chapter under insomnia.

Decision rationale: The current request is for Remeron SLTB Tab 15mg 1-2 by mouth HS. The RFA is dated 07/28/15. Treatments to date have included cervical epidural steroid injection, imaging studies, cortisone injection to the left shoulder, left carpal tunnel release (2011), left shoulder surgery (2011), diagnostic studies, physical therapy and medications. The patient is TTD. ODG Guidelines, Pain chapter under insomnia states: Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Per report 07/28/15, the patient present with increased neck pain with cervicogenic headaches and radicular symptoms to the upper extremity. The patient also has sleep disturbances with nocturnal paresthesia in the hands and digits. The patient has been utilizing Remeron since at least 03/15/15. The patient reports that she is sleeping better with taking Remeron and gets between 5-6 hours of sleep per night. Her medication regimen provides at least 50% pain relief. Although the patient does not have a diagnosis of depression. Depression commonly coincides with chronic pain and insomnia. Given this patient's chronic pain with associated insomnia, and the documented efficacy of this medication, the use of Remeron is an appropriate measure. The request IS medically necessary.