

<b>Case Number:</b>	CM15-0168886		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/12/2003
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 12, 2003. In a utilization review report dated July 29, 2015, the claims administrator failed to approve requests for Remeron and Ultracet. The claims administrator referenced office visit of July 21, 2015 and June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 8, 2015, Naprosyn, Viagra, Remeron, Ultracet, and Duragesic were endorsed. In an appeal letter dated September 22, 2015, the attending provider appealed denials of Viagra, glucosamine-chondroitin, and Lidoderm patches. In a telephone encounter dated August 27, 2015, the attending provider stated that the applicant had undergone knee surgery, was being treated with medications, and was permanent and stationary with "permanent disability." The applicant's medication list included vitamins, Duragesic, Ultracet, glucosamine-chondroitin, Remeron, Viagra, Naprosyn, and Lidoderm, it was reported. Little seeming discussion of medication efficacy transpired. In an office visit dated April 27, 2015, the applicant reported 5/10 neck, back, and upper extremity pain complaints. The attending provider stated that the applicant's medications were reducing his pain scores to 40%. The applicant is still smoking, it was acknowledged. It was suggested the applicant was using Remeron for sleep in one section of the note. It was not stated whether or not ongoing usage of Remeron was or was not effective. Duragesic, Naprosyn, Viagra, and Ultracet were renewed. The applicant was again described as permanent and stationary with resultant "permanent disability." On June 23, 2015, the applicant reported 9-10/10 pain complaints without medications versus 4-5/10 pain with medications.

Increased activity remained problematic, the treating provider reported. The attending provider contended that the applicant's ability to do dishes and laundry had been ameliorated as a result of ongoing medication consumption. The applicant's medication list included glucosamine, Ultracet, Duragesic, vitamins, Remeron, topical diclofenac, Dulcolax, Viagra, Naprosyn, capsaicin, and Lidoderm patches. Several of the same were refilled. The attending provider suggested that the applicant was using Remeron for insomnia but did not state whether or not ongoing use of Remeron had or had not proven beneficial in the treatment of the same. The applicant was again described as permanent and stationary with "permanent disability."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Mirtazapine-Remeron 15mg (card) #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Sedating antidepressants.

**Decision rationale:** No, the request for Remeron, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While ODG's Mental Illness and Stress Chapter, Insomnia Treatment Topic does acknowledge that sedating antidepressants such as mirtazapine (Remeron) have also been used to treat insomnia, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, multiple progress notes, referenced above, including the June 23, 2015 office visit at issue made no mention of whether or not ongoing usage of Remeron had or had not proven effective in attenuating issues with sleep disturbance. No seeming discussion of medication efficacy transpired insofar as Remeron was concerned. ODG's Mental Illness and Stress Chapter, Insomnia Treatment Topic also notes that there is less evidence to support usage of mirtazapine in the treatment of insomnia without comorbid depression. Here, the applicant's psychiatric review of systems on June 23, 2015 was negative for depression, it was reported. Continued usage of Remeron, thus, was at odds with ODG's Mental Illness and Stress Chapter, Insomnia Treatment Topic and with the injunction set forth on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to incorporate some discussion of "efficacy of medication" into the attending provider's choice of pharmacotherapy. Therefore, the request was not medically necessary.

#### **Tramadol/APAP 37.5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for tramadol-acetaminophen (Ultracet), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work with "permanent disability," it was reported on multiple office visits, referenced above, including on June 23, 2015. It did not appear that the applicant was working with permanent limitations in place. While the attending provider did recount or report reduction in pain scores from 9-10/10 without medications to 4-5/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and substantive improvements in function effected as a result of ongoing Ultracet usage. The attending provider's commentary to the effect that the applicant's ability to do dishes and laundry have been ameliorated as a result of ongoing medication consumption did not constitute evidence of substantive improvement or function effected as a result of ongoing Ultracet usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.