

Case Number:	CM15-0194872		
Date Assigned:	10/08/2015	Date of Injury:	09/21/2010
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 09-21-2010. She has reported injury to the neck, left shoulder, left elbow, and left wrist. The diagnoses have included cervical disc herniation with left upper extremity radicular symptoms; status post arthroscopic surgery of the left shoulder, on 11-16-2012; status post left carpal tunnel release and left lateral and medial epicondylitis surgery, on 07-21-2011; and status post left ulnar nerve surgery, on 07-20-2012. Treatment to date has included medications, diagnostics, injections, physical therapy, cervical epidural steroid injections, and surgical intervention. Medications have included Norco, Remeron, Anaprox, Topamax, Prilosec, and Voltaren gel. A progress report from the treating provider, dated 09-09-2015, documented an evaluation with the injured worker. The injured worker reported that she recently underwent her second in the series of two cervical epidural steroid injections, on 08-13-2015; she is still receiving at least 50% benefit to her neck pain, as well as radicular symptoms to her upper extremities with notable improvement in mobility in her neck with less pain; the pain level was rated at 8 out of 10 in intensity prior to the epidural injection; the pain is now rated at 4 out of 10 in intensity which is very manageable; decreased numbness in both hands; she has been able to perform activities of daily living with less pain; she was also able to decrease her medication use by 50% and now only takes the Norco as needed; the left shoulder pain persists aggravated with any type of overhead activity; she has been sleeping better on Remeron, which allows her to sleep five to six hours at night; she was recently started on Topamax which has helped alleviate some of her radicular symptoms, as well as decrease severity and intensity of headaches; and she is continuing to work. Objective

findings included she is alert, but in mild to moderate distress; she does not appear to be overly medicated; tenderness to palpation bilaterally of the posterior cervical musculature with increased muscle rigidity; there are numerous trigger points that are palpable and tender throughout the cervical spine; decreased range of motion with obvious muscle guarding; positive left Spurling's sign; sensory exam with pinprick was decreased along the left lateral arm and forearm; and there is positive Tinel's at the volar aspect of both wrists. The treatment plan has included the request for Remeron SL TB tab 15gm #60. The original utilization review, dated 09-24-2015, non-certified the request for Remeron SL TB tab 15gm #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron SLTB Tab 15gm #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Remeron Prescribing Information.

Decision rationale: The claimant sustained a work injury in September 2010 with injury to the shoulders, arm, wrist, elbow, and neck. She underwent a left carpal tunnel release in July 2011. In March 2015, she was continuing to work. She was sleeping 5-6 hours at night while taking Remeron. A cervical epidural injection was done in April 2015. In May 2015, there had been a 50% improvement. When seen, she had undergone a second injection, which was continuing to provide benefit. She had been able to decrease her medication use. Physical examination findings included a body mass index over 38. She was in mild to moderate distress. She had cervical tenderness with muscle rigidity and numerous trigger points were present. There was decreased cervical spine range of motion with muscle guarding. Left Spurling's testing and foraminal compression tests were positive. There was decreased left upper extremity strength and sensation. Tinel's testing was positive at the wrists bilaterally. There was bilateral shoulder tenderness with decreased range of motion. Her Norco dose was decreased. Her remaining medications were refilled. Remeron (mirtazapine) is an antidepressant used to treat major depressive disorder, prescribed off-label when used for insomnia as in this case. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. This claimant may have obstructive sleep apnea and, if this was causing the claimant's sleep disturbance, then treatment for this condition would be considered. The continued prescribing of Remeron is not medically necessary.