

Case Number:	CM15-0202403		
Date Assigned:	10/19/2015	Date of Injury:	08/22/2004
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: Connecticut, California, Virginia
 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 injured worker is a 54 -year-old female who sustained an industrial injury on 8-22-2004 and has been treated for pain in the low back, both knees and right ankle. She also is noted to have had problems with sleep, stress, and depression. Diagnoses include internal knee derangement, and discogenic lumbar condition with radicular component down both lower extremities. On 8-24-2015 the injured worker presented with continued complaints related to bilateral knee and ankle pain, depression and sleep. Objective examination noted ankle, and bilateral knee tenderness, and tenderness along the lumbar facets. Documented treatment includes right ankle resection arthroplasty, knee braces, ankle foot orthosis on the right, ankle brace on the left, facet injection, a TENS unit, Hyalgan injections to the right knee, heat, ice, use of a cane, cortisone injections, radiofrequency ablation at L4-S1 on 6-11-2015, psychiatric visits, and medication including Motrin, Norco, Nalfon, Flexeril, Effexor, Aciphex, and Ultracet. In the past, according to the 8-24-2015 note, she has taken Sacetadryl, Remeron, trazodone and Effexor. The physician states "she is not currently taking Effexor." She is unable to take naproxen and Celebrex due to allergy. The treating physician's plan of care includes Remeron 15 mg #30, which was denied on 9-30-2015. She is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #30: 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): Antidepressants for chronic pain.

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective; SSRIs have also not been proven to aid in improvement of function. Remeron is an additional option with respect to antidepressant treatment. A note from August 24, 2015 indicates that the patient has previously tried Remeron without success. In treating this patient's pain, depression, and insomnia, there is no indication for continued use of Remeron if it has been used previously without success. Therefore, without further evidence to support the request, it is not medically necessary based on the provided records as risk likely outweighs benefit given the concurrent treatment with Effexor.