

<b>Case Number:</b>	CM15-0207292		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/05/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York, West Virginia,  
 Pennsylvania Certification(s)/Specialty: Emergency 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 36 year old female with an industrial injury date of 06-05-2010. Medical record review indicated she is being treated for impingement syndrome, acromioclavicular joint involvement with bicipital tendonitis, weight gain, sleep disorder and depression. Subjective complaints (right shoulder (09-15-2015)) included numbness and tingling with toughness along the hand. The treating physician indicated motion loss, inability to sleep on arm and limitation with reaching overhead activities. The physician noted the injured worker was not doing any chores around the house such as mopping, dusting, sweeping and vacuuming. Prior medications included Zofran, Neurontin, Nalfon, Protonix, Tramadol, Norco, Effexor and Tramadol ER. Prior treatment included injections, physical therapy rest and ice ("with no improvement"). Other treatment included TENS unit and hot and cold wrap. Objective findings (09-10-2015) included "abduction is no more than 90 degrees and decreasing." Tenderness along the rotator cuff and biceps tendon was noted. On 09-22-2015 the request for Remeron (mirtazapine) 15 mg # 30 was modified for a 1 time fill (for weaning) by utilization review. Voltaren (Diclofenac) XR 100 mg # 30 was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron (Mirtazapine) 15mg #30 ( prescribed 9/10/15): 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:** Guidelines recommend antidepressant as a first line option for neuropathic pain. In this case, there is no documentation that the patient is suffering from ongoing neuropathic pain and no documentation of pain and functional improvement. The request for Remeron 15 mg #30 is not medically necessary or appropriate.

**Voltaren (Diclofenac) XR 100mg #30 (prescribed 9/10/15): 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Guidelines requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients using ongoing anti-inflammatory medication therapy. In this case, there was no documentation of subjective or objective benefit from the use of this medicine. The request for Voltaren XR 100 mg #30 is not medically necessary and appropriate.