

<b>Case Number:</b>	CM15-0027921		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female, who sustained an industrial injury on 09/21/2010. On provider visit dated 12/18/2014 the injured worker has reported neck pain that goes to medial scapular region down arm and to fingers. On examination she was noted to have posterior cervical musculature tenderness and a decreased range of motion. There were numerous trigger points there were palpable and tender throughout cervical paraspinals muscles and a positive Spurling's sign was noted. Left shoulder was noted to have a decreased range of motion. The diagnoses have included cervical myoligamentous injury with left upper extremity radical symptoms, arthroscopy surgery to left shoulder, status post left carpal tunnel release and left lateral and medial epicondylitis surgery and status left ulnar nerve surgery. Treatment to date has included surgery, MRI's, physical therapy, acupuncture and medication. Treatment plan included medication refills. On 01/28/2015 Utilization Review modified Remerom 15mg #60. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remerom 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic Pain Page(s): 78, 13, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, antidepressant “Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain.” Remeron (Mirtazapine) is an antidepressant that could be used in neuropathic pain. There is no documentation that the patient is suffering from an ongoing neuropathic pain. There is no documentation of pain and functional improvement with previous use of Remeron. Therefore the request for Remeron 15mg #60 is not medically necessary.