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| Case Number: | CM15-0220673 | | |
| Date Assigned: | 11/13/2015 | Date of Injury: | 03/28/2015 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 27 year old female, who sustained an industrial-work injury on 3-28-15. The injured worker was diagnosed as having right wrist sprain-strain, right thumb de Quervain's tendosynovitis and right shoulder periscapular sprain-strain. Treatment to date has included medication: Voltaren and Remeron. Currently, the injured worker complains of right wrist and hand pain, right thumb and right shoulder scapular pain. Per the primary physician's progress report (PR-2) on 9-25-15, exam of the right thumb noted tenderness with palpation, reduced range of motion; the right wrist has tenderness to palpation over the dorsal capsule, decreased range of motion, reduced pinch strength; right shoulder has tenderness to palpation over the rhomboids, decreased range of motion; and neurological exam was within normal limits. The Request for Authorization requested service to include Remeron (Mirtazapine) 15mg 1 by mouth every night at bedtime #30 and Voltaren XR (Diclofenac ER) 100mg 1 by mouth everyday #30. The Utilization Review on 10-13-15 denied the request for Remeron (Mirtazapine) 15mg 1 by mouth every night at bedtime #30 and Voltaren XR (Diclofenac ER) 100mg 1 by mouth everyday #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron (Mirtazapine) 15mg 1 by mouth every night at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

Decision rationale: Pursuant to the Official Disability Guidelines and Medlineplus, Remeron (Mirtazapine) 15 mg one by mouth every night at bedtime #30 is not medically necessary. Mirtazapine is used to treat depression. Mirtazapine is in a class of medications called antidepressants. It works by increasing certain types of activity in the brain to maintain mental balance. In this case, the injured worker's working diagnoses are right wrist sprain strain; right thumb de Quervain's tenosynovitis; and right shoulder periscapular sprain strain. Date of injury is March 28, 2015. Request for authorization is September 29, 2015. According to the first report dated September 25, 2015, subjective complaints are right wrist and hand pain, pain in the thumb and right shoulder scapula. Objectively, there is tenderness at the thumb, wrist and shoulder. There is decreased range of motion with a normal neurologic examination. There is no documentation of failed first-line non-steroidal anti-inflammatory drugs. There is no documentation of sleep difficulties or insomnia (other than the treatment plan medication checklist). There is no documentation of depression or anxiety. Remeron is an antidepressant. There were no subjective complaints of depression in the medical record. The documentation indicates the injured worker failed behavioral techniques for sleep and sleep difficulties. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of depression or anxiety in the medical record and a clinical indication and rationale for Remeron, Remeron (Mirtazapine) 15 mg one by mouth every night at bedtime #30 is not medically necessary.

Voltaren XR (Diclofenac ER) 100mg 1 by mouth everyday #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR (diclofenac ER) 100 mg one by mouth daily #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal

anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are right wrist sprain strain; right thumb de Quervain's tenosynovitis; and right shoulder periscapular sprain strain. Date of injury is March 28, 2015. Request for authorization is September 29, 2015. According to the first report dated September 25, 2015, subjective complaints are right wrist and hand pain, pain in the thumb and right shoulder scapula. Objectively, there is tenderness at the thumb, wrist and shoulder. There is decreased range of motion with a normal neurologic examination. There is no documentation of failed first-line non-steroidal anti-inflammatory drugs. There is no clinical indication or rationale for a second line non-steroidal anti-inflammatory drug in the absence of documentation of failed first-line (i.e. Naprosyn and Motrin) non-steroidal anti-inflammatory drugs. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Voltaren XR (diclofenac ER) 100 mg one by mouth daily #30 is not medically necessary.