

<b>Case Number:</b>	CM15-0032824		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/01/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported injury on 01/01/2011. The mechanism of injury was cumulative trauma. Other therapies included 12 chiropractic visits. The diagnostic studies included bilateral shoulder ultrasound on 11/04/2012. The injured worker underwent an electromyogram and nerve conduction study on 12/04/2012 with documented bilateral carpal tunnel syndrome. The surgical history was not provided. The documentation of 12/15/2014 revealed a prescription for Remeron for sleep. The note was of poor fax quality and difficult to read.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 15mg 1 tab p.o QHS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 01/19/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The duration of use could not be established through supplied documentation. As such, there was no determination whether this was the original prescription of the medication for the injured worker. If it was the original request, the documentation failed to provide a legible rationale. If it were a refill, there was a lack of documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The rationale was of poor fax quality and could not be determined. Given the above, the request for Remeron 15mg 1 tab p.o QHS #30 is not medically necessary.