

Case Number:	CM15-0080048		
Date Assigned:	05/01/2015	Date of Injury:	01/16/1995
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 66 year old female, who sustained an industrial injury on 1/16/1995. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbosacral spondylosis, chronic pain syndrome, migraine and opioid dependence. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 2/12/2015, the injured worker complains of constant low back pain and left leg pain. The treating physician is requesting Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Remeron 15 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15, 16.

Decision rationale: MTUS Guidelines support the use of this class of antidepressants for neuropathic pain. The documentation does not separate out the benefits from Remeron from

other medications, but overall there is reported to meaningful pain relief and psychological issues associated with chronic pain are stable and without significant depression. This likely in part due to the Remeron. Under these circumstances, the Remeron 15mg #30 is consistent with Guidelines and is medically necessary.