

<b>Case Number:</b>	CM15-0088222		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained an industrial injury on 7/9/11. The injured worker was diagnosed as having chronic pain, pain in joint; shoulder, cervical spinal stenosis and cervicobrachial syndrome. Currently, the injured worker was with complaints of neck pain with radiation to the upper extremities, shoulder pain and headaches. Previous treatments included medication management, status post shoulder surgery, home exercise program, psychologic treatments, cervical injections and activity modification. Previous diagnostic studies included a magnetic resonance imaging of the cervical spine (6/27/14), electromyography of the right upper extremity (8/2/13 and 9/22/11), right shoulder magnetic resonance imaging (7/8/12) and cervical magnetic resonance imaging (1/26/12). The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Mirtazapine (Remeron) 15 mg #30 (2/4/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** The request is for Remeron for the symptom of insomnia. Remeron is an anti-depressant with the side-effect of somnolence. It may be indicated in patients with severe depression. In this case, there is no indication that the patient has severe depression. Documentation from a psychologist or psychiatrist is not included in the request in order to establish the need for Remeron. In addition, the patient is also taking an additional antidepressant, Lexapro, which can aid in the treatment of insomnia as a symptom of depression. The records show no significant benefit with the use of Remeron. There are no complaints of insomnia to justify its use as an hypnotic, therefore the request is deemed not medically necessary.

**Retrospective Anaprox 550 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to the CA MTUS, NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. NSAIDs are recommended as second-line treatment after acetaminophen. NSAIDs are recommended as an option for short-term symptomatic relief only. There is inconsistent evidence for the use of these medications in the treatment of long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain. In this case, Anaprox is being prescribed on a long-term basis and is deemed not medically necessary.

**Retrospective Lexapro 5 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

**Decision rationale:** CA MTUS Guidelines do recommend use of antidepressants as first-line agents for neuropathic and possibly non-neuropathic pain as well. MTUS Guidelines also supports the use of antidepressants for depression and anxiety. In this case the depression is not well-documented, although the chronic pain is. There is no documentation of the pain reduction and functional improvement attributed to the use of Lexapro in this patient. Thus given the lack of appropriate documentation, the request is deemed not medically necessary.