

Case Number:	CM15-0235529		
Date Assigned:	12/10/2015	Date of Injury:	08/13/2014
Decision Date:	01/20/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male who sustained an industrial injury on 08-13-14. A review of the medical records reveals the injured worker is undergoing treatment for left shoulder posttraumatic rotator cuff tear with acromioclavicular arthritis and impingement syndrome resulting in a left frozen shoulder, cervical and lumbar disc herniation with bilateral upper and lower extremity radiculopathy, bilateral knee internal derangement, reactionary depression-anxiety, medication induced gastritis, bilateral carpal tunnel syndrome, bilateral plantar fasciitis with severe pes planovalgus of both feet with hyperpronated forefeet. Medical records (11-04-15) reveal the injured worker complains of bilateral knee pain, as well as "severe" left shoulder pain, which are not rated. He also reports having a very difficult time sleeping. The physical exam (11-04-15) reveals abduction to only 60 degrees, as well as minimal internal and external rotation. He has difficulty transition from a seated to a standing position and ambulates with an antalgic gait. Tenderness to palpation is noted in the posterior cervical musculature with increased muscle rigidity. Decreased cervical range of motion is noted as well as obvious muscle guarding. Pinprick sensation was noted to be decreased along the lateral arm and forearm in the C5-6 distribution. Left shoulder and lumbar spine range of motion was also restricted. Tenderness to palpation was noted in the bilateral posterior lumbar musculature with numerous trigger points and obvious muscle guarding. Tenderness to palpation was present in the right knee. Prior treatment includes bilateral knee surgeries, medications including Norco, Anaprox, Prilosec, and Topamax. The original utilization review (11-16-15) non-certified the request for Remeron 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15 mg #60 1-2 tabs QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Remeron Prescribing Information.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in August 2014. Left shoulder surgery is being recommended with a possible arthroplasty. He has advanced degenerative changes of both knees. MRI scans of the knees in August 2011 showed findings of advanced degenerative arthropathy with meniscus tears. An MRI scan of the left shoulder in November 2012 showed findings of advanced glenohumeral degenerative joint disease and a probable labral tear. There was a partial supraspinatus tendon tear and there were findings of tendinopathy and impingement. A cervical spine MRI showed findings of multilevel disc abnormalities with a right lateralized C6/7 disc fusion. Electro-diagnostic testing in April 2015 showed bilateral carpal tunnel syndrome. When seen in November 2015 he was having continued severe left shoulder pain and persistent bilateral knee pain. Physical examination findings included a body mass index over 50. He had difficulty transitioning positions. He had an antalgic gait. There was cervical and lumbar tenderness with trigger points and decreased range of motion with muscle guarding. He had left shoulder tenderness with decreased range of motion. There was bilateral knee joint tenderness with positive McMurray's testing. There was decreased bilateral upper extremity sensation and strength with strength testing limited by pain. Authorization was requested for a left knee viscosupplementation injection. Norco, Topamax, Anaprox, Prilosec, and Remeron were being prescribed. Remeron (Mirtazapine) is an antidepressant used to treat major depressive disorder and prescribed off-label when used for insomnia. In this case, there is no diagnosis of major depressive disorder. Insomnia treatment should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Remeron is not medically necessary.