

<b>Case Number:</b>	CM15-0242659		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	12/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: 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 45 year old male who sustained an industrial injury March 4, 2013. Past history included extensor tendon release right elbow. Past treatment included lumbar epidural injections September 15, 2014, with 60% relief for five weeks and November 24, 2014 where the injured worker felt a reaction and is too nervous to proceed with further injections, trigger point injections cervical spine with five to seven days of relief, corticosteroid injection January 6, 2015 right elbow, with three to four weeks of benefit. Diagnoses are lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy; thoracic myofascial injury; cervical herniated nucleus pulposus with right upper extremity radiculopathy; right elbow lateral epicondylitis, status post release; medication induced gastritis. According to a follow-up pain management consultation dated November 16, 2015, the injured worker presented for follow-up with complaints of increased pain in the lower back, rated 6-8 out of 10, radiating down both lower extremities; persistent neck pain, rated 6 out of 10, associated with cervicogenic headaches and pain down the right upper extremity; and persistent right elbow pain. Current medication included Ultracet, Anaprox, Prilosec, Lidoderm patches, and Neurontin. A urine drug screen was performed. Objective findings included; cervical spine- tenderness posterior musculature, trapezius, medial scapular, and sub-occipital region; multiple trigger points and taut bands palpated; sensory within normal limits; right elbow- tenderness lateral aspect of elbow and extensor tendon with healed scar; lumbar spine- stands erect, normal posture, tenderness of musculature and sciatic notch region, trigger points and taut bands noted, sensory decreased in the left posterolateral thigh and lateral aspect of the foot L5-S1 distribution, compared to right;

straight leg raise positive left at 60 degrees. At issue, is the request for authorization for Remeron. According to utilization review dated December 1, 2015, the request for Remeron 15mg #60 is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Remeron 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Functional improvement measures.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antidepressants, including Remeron, as a treatment modality. Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics, including amitriptyline and nortriptyline, are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. In this case, there is insufficient documentation to support the use of the antidepressant Remeron. There is insufficient evidence that the patient has received adequate trials of first-line agents such as amitriptyline. Further, there is insufficient evidence that the patient has received adequate trials of other recommended agents to include duloxetine. There is no evidence of intolerance to either medication or contraindications to their use. Finally, there is no evidence that the current use of Remeron has been associated with functional improvement. For these reasons, Remeron is not medically necessary.