

Case Number:	CM14-0180982		
Date Assigned:	11/05/2014	Date of Injury:	11/20/1994
Decision Date:	12/09/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year-old patient sustained an injury on 11/20/1994 while employed by [REDACTED]. Request(s) under consideration include Remeron 45 mg #30. Diagnoses include neck sprain/strain; fibromyalgia; chronic pain syndrome; depressive disorder; and rheumatism or fibrositis. Report of 8/26/14 from the provider noted the patient with chronic ongoing neck pain, altered left hand sensation, bilateral hip and left shoulder pain with rotator cuff and carpal tunnel, associated with unchanged mild weakness. Exam indicated normal psychiatric findings and depression questionnaire score; cervical spine with diffuse muscle tenderness, decreased range and positive test for radiculopathy; without identified neurological deficits. Treatment included continued medications. Medications list Flexeril, Remeron, Duragesic 25 mcg and 12 mcg, and Dilaudid. The request(s) for Remeron 45 mg #30 was modified for #27 for weaning on 10/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 45 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Remeron, a Noradrenergic Serotonergic anti-depressant without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. Remeron may be an option in patients with coexisting diagnosis of major depression; however, that has not been clearly demonstrated from submitted reports for this chronic injury of 1994 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor are there any specific clinical findings of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. Recent request was modified for weaning purposes. The Remeron 45 mg #30 is not medically necessary and appropriate.