

<b>Case Number:</b>	CM14-0066803		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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. 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 01/10/2002 when he fell from a truck. In 2008, he underwent an anterior cervical decompression and fusion for symptoms of neck and arm pain. Following surgery, he continued to have neck pain. Currently under review is the request for 1 prescription of Remeron, Trazodone and Neurontin. According to a progress report dated 12/09/2014, the injured worker reported worsened sleep due to increased neck pain and that he got only 4 hours of good sleep on 100mg of Trazodone. According to a progress report dated 03/27/2015, the injured worker continued to report feeling fine and stable mentally despite small external stressors. He reported low energy level due to recent exacerbation of pain. Mood and motivation was fair. He reported overall sleep of about 6.5 hours. He denied side effects from Effexor, Trazodone and Neurontin. He was walking regularly but short distances. He still had difficulty dieting and had not exercised regularly. He kept gaining weight. He stopped attending individual therapy for depression because of the travel expense. He continued to report pain in the right upper extremity with numbness and right neck area. He was still awaiting fusion surgery. Diagnoses included major depressive disorder single episode in partial remission, hypertension, diabetes, sleep apnea and chronic pain, financial hardship and limited ability to work. Treatment plan included continue Effexor, Trazodone and Neurontin and restart individual cognitive behavioral therapy for depression and anxiety. An electrodiagnostic testing report dated 04/01/2015 showed severe, symmetrical sensorimotor polyneuropathy of mixed (axonal and demyelinating) type, typical of diabetic

polyneuropathy and no evidence of lumbosacral radiculopathy. Past medication history was positive for diabetes.

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

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

#### **1 Prescription of Remeron 15 mg quantity 30 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com. Drug information, Mirtazapene.

**Decision rationale:** The MTUS is silent regarding the use of Remeron (Mirtazapene) for chronic pain. Remeron is an anti-depressant used for the treatment of major depressant disorder. Patients should be monitored for signs of agranulocytosis or severe neutropenia such as sore throat, stomatitis or other signs of infection or a low WBC; renal and hepatic function; mental status for depression, suicide ideation (especially at the beginning of therapy or when doses are increased or decreased), anxiety, social functioning, mania, panic attacks; signs/symptoms of serotonin syndrome; lipid profile; weight gain. In this case the patient has a diagnosis of MDD. The documentation supports that he has gained weight and has been unable to lose it. The documentation doesn't support that the use of Remeron has improved the patient's function or that the medication is properly being monitored. The request is not medically necessary.

#### **1 prescription of Trazodone 50 mg quantity 30 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com. Drug information, Trazodone.

**Decision rationale:** The MTUS is silent regarding the use of trazodone. Trazodone is an antidepressant, Serotonin Reuptake Inhibitor/Antagonist FDA approved for the use of depression. An off-label use is for insomnia. For the treatment of depression the dose is 150 mg daily in divided doses (may increase by 50 mg daily every 3 to 4 days); once daily doses at bedtime may be considered to minimize adverse effects (Haria, 1994; Rawls, 1982); maximum dose: 600 mg daily. Monitoring parameters are baseline liver function prior to and periodically during therapy; suicide ideation (especially at the beginning of therapy or when doses are increased or decreased); signs/symptoms of serotonin syndrome. In this case the current dose is not a recommended dose for treatment of depression and the documentation doesn't show that the medication is being properly monitored. The continued use of trazodone is not medically necessary.

**1 prescription for Neurotin 600 mg Quantity 90 with three refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 16-22, 49.

**Decision rationale:** According to the MTUS gabapentin is an anti-epilepsy drug (AED), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also recommended for the treatment of chronic neuropathic pain. It is recommended as a trial for CRPS, Fibromyalgia and lumbar spinal stenosis. The recommended trial period is 3-8 weeks for titration, then one to two weeks at maximum tolerated dosage. In this case the patient complains of chronic neck and upper extremity pain. He has been diagnosed with painful diabetic neuropathy. The continued use of gabapentin is medically necessary.