

Case Number:	CM15-0116811		
Date Assigned:	06/25/2015	Date of Injury:	11/15/2003
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Emergency 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 53 year old female injured worker suffered an industrial injury on 11/15/2003. The diagnoses included bilateral carpal tunnel syndrome, left knee sprain and meniscal tear, right shoulder strain, left shoulder strain with impingement, left/right epicondylitis, and right wrist DeQuervain's tenosynovitis. The diagnostics included ultrasound of bilateral wrists and left knee magnetic resonance imaging. The injured worker had been treated with medications. On 5/4/2015, the treating provider reported bilateral wrist pain left greater than right. There was loss of motion with pain. The treatment plan included Voltaren and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren extended relief 100 mg 1 tablet by mouth once a day #30 refill: unspecified:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 65-66.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Recommendations state, "sufficient clinical improvement should be observed to offset potential risk of treatment with the increase dose." Documentation supports the IW has been on this medication for a significant period of time. The documentation does not support improvement of symptoms with NSAIDs currently prescribed. The request is not medically necessary.

Remeron 15 mg 1 tablet by mouth at bedtime, #30 refill: unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

Decision rationale: According to CA MTUS, antidepressants are recommended as first line agent for neuropathic pain and non-neuropathic pain in specific cases. The documentation submitted for review does not indicate the why this IW is being prescribed Remeron. The IW has ongoing pain in her knees and ankles. There submitted materials do not discuss the medications being trialed for symptomatic relief. There is no documentation to support neuropathic pain. ODG recommends anti-depressant use to treat depression in physically ill patients. Neither of the reference support the use of antidepressants, specifically Remeron, for sleep. There is no documentation that the IW is having problems with sleep pattern. Without clear indication in the documentation or the support of recommendations, the request for Remeron is not medically necessary.