

Case Number:	CM15-0072050		
Date Assigned:	04/22/2015	Date of Injury:	05/05/1999
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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: North Carolina, Georgia
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:

This 53 year old male sustained an industrial injury on 5/9/99. He subsequently reported multiple areas of injury after a fall. Diagnoses include post-laminectomy syndrome and bilateral lower extremity radiculopathy. Treatments to date have included x-rays, MRIs, therapy, surgery, injections and prescription pain medications. The injured worker continues to experience low back that radiates to the bilateral lower extremities. A retroactive request for Remeron medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request Remeron 15 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

Decision rationale: The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non neuropathic pain is less robust.

However, The CA MTUS states that antidepressants are an option in non neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SSRI medications, such as the Lexapro prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records from the claimant clearly include a diagnosis of depression which is treated with fluoxetine, an SSRI. The addition of Remeron (also an SSRI) to fluoxetine is unnecessary and increases risk of serotonin syndrome. Remeron is not medically indicated in this case.