MAXIMUS Federal Services

| Case Number: | CM15-0096973 | | |
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| Date Assigned: | 05/27/2015 | Date of Injury: | 09/26/2013 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

## 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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 49-year-old female, who sustained an industrial injury on 9/26/13. She reported initial complaints of right side of head injury. The injured worker was diagnosed as having post-traumatic migraine headaches. Treatment to date has included medications. Diagnostics included CT scan of brain (12/9/13); MRI of the brain with contrast (3/3/14 and 9/29/14). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker remarks her headaches have been less intense with her current medications. She has been experiencing frequent pain and numbness in both hands. She reports she has been getting greater than 60-70% improvement in both her overall pain and functional ability with her current medications, which decrease her pain from 8/10 to 1-2/10 and allow her to perform activities of daily living with greater ease such as sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. She reports feeling moderately depressed. She has moderate difficulty sleeping without medications. Objective findings are documented as range of motion of the cervical spine was grossly within normal limits and all orthopedic tests for the cervical spine were negative. Motor and sensory examinations were grossly within normal limits. A Qualified Medical Examination (QME) dated 2/13/15 details her symptomology as daily headaches that tend to be on the right more than the left. They are not associated with any nausea or vomiting but her vision will become momentarily blurred and lasts three or four seconds at a time. She also reported that during these headaches she feels her balance is off and this lasts for three to four seconds but does not cause her to stumble or fall. The QME notes neurological examinations throughout have been normal. The QME notes the CT scan and MRI's of the brain were unremarkable. The treatment plan notes the injured worker has vascular headaches and needs to take Topamax on a daily basis as well as Anaprox for her headaches as needed. He also requested Remeron 30mg #30 with 1 refill for her insomnia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 30 mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Remeron (Mirtazapine) Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines, antidepressant "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." There is no documentation that the patient is suffering from an ongoing neuropathic pain. In this case, the medication has been prescribed for the patient's insomnia; however, there is no characterization of the sleep issue. In addition, there is no documentation of pain and functional improvement with previous use of Remeron. Therefore, the request for Remeron 30mg #30 with 1 refill is not medically necessary.