

Case Number:	CM13-0026177		
Date Assigned:	12/11/2013	Date of Injury:	08/14/2012
Decision Date:	08/06/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery 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:

The claimant is 55-year-old gentleman who injured his left knee in a work related accident on August 14, 2012. Records provided for review include a clinical progress report of May 28, 2014 documenting a diagnosis of internal derangement status post left total knee arthroplasty. The claimant also has a diagnosis of right knee bone on bone osteoarthritis. Subjective complaints at that time note a recent 20 pound weight loss for the intent of right knee surgery and continued use of a cane. Physical examination findings showed vital signs to be stable, restricted range of motion of 120 degrees of flexion on the left and 100 degrees of flexion on the right. There was no instability. Recommendations at that time were for total joint arthroplasty for the claimant's right knee. There was also a request for continued use of Naprosyn, Remeron, and home care treatment to include phlebotomy and postoperative use of a hospital bed and a pain catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: REMERON 15MG #60 ONE TABLET ONCE AT NIGHT FOR SEVEN DAYS AND THEN TWO TABLETS AT BEDTIME FOR INSOMNIA (REDACTED), RFA 08 06 13): Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the continued use of Remeron. According to the Chronic Pain Guidelines, the use of Remeron, or antidepressants, is indicated and effective for first line options for neuropathic pain. They are generally considered first line agents unless ineffective, poorly tolerated, or contraindicated. In this case, the claimant's diagnosis is centered around degenerative joint disease of the knee, a diagnosis which does not support the chronic use of antidepressive agents. Given the claimant's current working diagnosis, the specific request in this case would not be supported as medically necessary.