

Case Number:	CM13-0052342		
Date Assigned:	03/28/2014	Date of Injury:	06/16/2003
Decision Date:	04/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 32 year-old male who reported an injury on 06/16/2003. The mechanism of injury was not provided in the medical records. He is diagnosed with chronic pain syndrome and major depression. A urine drug screen performed on 02/30/2013 detected carisoprodol, methadone, amphetamines, and benzodiazepines. His prescribed medications were noted to include hydrocodone, carisoprodol, mirtazapine, ketoprofen, duloxetine, and topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMERON 30MG AT HOUR OF SLEEP X 1 YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER, INSOMNIA TREATMENT

Decision rationale: The clinical information submitted for review failed to provide any recent clinical notes to indicate why the patient is taking Remeron. As he is not shown to have neuropathic pain and it is unknown whether he has failed tricyclic antidepressants, the California

MTUS Guidelines do not support Remeron. According to the Official Disability Guidelines, Remeron is also recommended in the treatment of insomnia. It is noted that sedating antidepressants such as Remeron have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but may be an option in patients with coexisting depression. The clinical information submitted for review does indicate that the patient has major depression; however, it is unclear whether he also has insomnia. Due to the lack of clinical information indicating the patient's need for Remeron, the request is not supported. As such, the request for Remeron 30mg x 1 year is non-certified.