

<b>Case Number:</b>	CM13-0062692		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 51-year-old male who reported an injury on August 02, 2001 due to a trip and fall. The patient underwent surgical intervention of the cervical spine that failed to resolve the patient's symptoms. The patient underwent spinal cord stimulator implantation. The patient's chronic pain was managed with multiple medications. The patient's most recent clinical evaluation documented that the patient had poorly controlled pain with a Butrans patch, although it did provide some relief. It was also noted that the patient had severe sleep disruptions secondary to neck pain, even with the use of medications to include the Butrans patch and Remeron. Physical findings included decreased right shoulder range of motion with mechanical symptoms. The patient's diagnoses included right shoulder parascapular strain with impingement, and status post anterior C6-7 discectomy/fusion/hardware with failed spinal cord stimulator and removal. The patient's treatment plan included continuation of medications and referral to pain management secondary to poorly controlled pain, and consideration of an intrathecal pain pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 15MCG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Buprenorphine Page(s): 60 and 22.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends that continued use of this medication be supported by documentation of functional benefit and symptom relief. The clinical documentation submitted for review does not provide any evidence that the patient is receiving significant pain relief and increase in functional benefit related to this medication. Additionally, the request as it is written does not clearly define an intended duration of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Butrans 15 mcg is not medically necessary or appropriate.

**REMERON 15MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute & chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Treatments

**Decision rationale:** The California MTUS Guidelines do not address insomnia treatments. The Official Disability Guidelines do support the use of sedating antidepressants in the treatment of insomnia. However, clinical documentation does not clearly reflect significant functional benefit from the continued use of this medication. The patient's most recent evaluation documents that the patient has continued sleep disruptions even with medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Remeron 15 mg, #30, is not medically necessary or appropriate.