

Case Number:	CM13-0068531		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2012
Decision Date:	05/28/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine and Rehabilitation 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 patient is an employee of [REDACTED] and has submitted a claim for left hip bursitis, cervical sprain/strain with multilevel disc disease, bilateral shoulder periscapular strain, lateral epicondylitis, lumbar sprain/strain, ankle sprain, fibromyalgia, plantar fasciitis, insomnia, mood disorder, and anxiety associated with continuous trauma dates from 10/02/02 to 09/15/2012. Treatment to date has included water aerobics, home exercise program, physical therapy, acupuncture, bilateral ankle/foot night splint and medications such as Voltaren, and Remeron. Utilization review from 12/13/2013 denied the request for Remeron 15mg, #30 due to less evidence of using sedating antidepressants for insomnia as it is an option among patients with co-existing depression. Medical records from 2012 to 2014 were reviewed showing that patient complained of bilateral wrist pain graded 6/10 in severity, intermittent bilateral elbow pain, constant bilateral shoulder pain graded 7/10, bilateral hip pain, and neck pain graded 7/10. This was associated with numbness and tingling sensation to the bilateral thumb, second, and third fingers. She likewise reported that sleep was disrupted due to pain symptoms. Physical examination showed tenderness with tightness at the wrist flexors and extensors, paracervical muscles, paralumbar muscles, subacromial region, upper trapezius, iliotibial bands, tensor fascia latae, bilaterally. Crepitus at both shoulders was noted. Range of motion of both wrists and shoulders was decreased. Motor strength was 4+/5 at the forearm extensors. Impingement test was elicited at the left shoulder. Phalen's test and Reverse Phalen's test were positive at the right. Sacroiliac stress test was positive bilaterally. Sensation was diminished to pinprick and light touch at the forearm. A 2/11/14 MI-106 report indicated that that the patient is diagnosed with a left hip greater trochanteric bursitis, cervical/trapezius sprain and strain with multilevel disk disease, facet degenerative disk disease and stenosis, bilateral shoulder periscapular strain, bilateral wrist tendinitis, lateral elbow lateral epicondylitis, bilateral SI joint sprain, left ankle

sprain, and fibromyalgia. Treatment to date has included water aerobics, night splints for bilateral feet, home exercise program, and medication. The patient has also had cortisone injections, physical therapy, and acupuncture. The patient has undergone a Remeron trial in order to improve sleep. The patient has reported that Remeron helped her with sleeping difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMERON 15MG #30: Overturned

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

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

Decision rationale: CA MTUS does not specifically address this issue. As stated in ODG Pain Section, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed in terms of: sleep onset, sleep maintenance, sleep quality and next-day functioning. Sedating antidepressant, such as mirtazapine (Remeron), has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In this case, the patient has been documented with insomnia secondary to chronic pain since March 2013. Remeron was prescribed in November 2013 as a trial basis in order to improve sleep. A progress report dated 12/19/2013 cited that it helped her with sleeping difficulty. Treatment to date has included water aerobics, night splints for bilateral feet, home exercise program, and medication. The patient has also had cortisone injections, physical therapy, and acupuncture. The patient has undergone a Remeron trial in order to improve sleep. The patient has reported that Remeron helped her with sleeping difficulty. Therefore, the request for Remeron 15mg, #30 is medically necessary and appropriate.