

Case Number:	CM14-0008676		
Date Assigned:	02/12/2014	Date of Injury:	09/10/2008
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 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:

This is a 34-year-old female with a 9/10/08 date of injury. The patient was seen on 10/18/113 with ongoing complaints of neck, bilateral shoulder, elbow, and wrist pain, 8/10. Spans and stiffness in the left shoulder is noted. Exam findings revealed numbness and tingling in the hands bilaterally and limited range of motion of the hands, wrists, and elbows bilaterally. There is tenderness to palpation in the right deltoid and right AC joint. The patient is noted to be on Tramadol, Flexeril, Naproxen, Protonix, and Terocin patches. On 12/20/13 the patient complained of daily anxiety as well as insomnia. Exam findings revealed dysphoria and anxiety, impaired attention and concentration. The treatment plan was to restart the patient's Remeron and group therapy for insomnia. Treatment to date: medications A UR decision dated 12/31/13 denied the request for Remeron given there was no documentation indicating efficacy with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMERON 15MG #30 (REFILL TIMES 1) (ONE TIMES TWO): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter, Remeron.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. The patient has been using this medication chronically, but there is no documentation regarding efficacy with prior use. The prior UR decision modified the request from 1 refill to no refills to allow an opportunity for ongoing efficacy, which has not been documented. Therefore, the request for Remeron 15 mg #30 with a refill as submitted is not medically necessary.

GROUP THERAPY INSOMNIA (ONE TIMES SIX): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. This request is in regard to insomnia, however there is no sufficient description of what has been done for this patient's insomnia to date. In addition, it is unclear how a group therapy evaluation vs. a psychiatric evaluation for sleep would be beneficial. Therefore, the request as submitted was not medically necessary.