

<b>Case Number:</b>	CM14-0139899		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 a 33 yo female who sustained an industrial injury on 07/02/2011. The mechanism of injury was a fall with a washer landing on top of her. her diagnoses include lumbar sprain/strain, lumbar disc injury, lumbar facet syndrome, left sacroiliac joint arthropathy, and left hip greater trochanteric syndrome. She complains of 6/10 low back pain. On physical exam she has decreased range of lumbar motion with diffuse tenderness over the lumbar paravertebral muscles and moderate to severe facet tenderness to palpation over L4 and S1. A positive FABER, sacroiliac thrust and Yeoman's tests were noted. A positive Kemp's test was noted bilaterally and a positive straight leg raise was noted. Treatment has included medications including Norco, Remeron, Ambien Tizanidine, chiropractic therapy, home exercise program and evaluation by pain management. The treating provider has requested Remeron 15mg #30, and Norco 10/325 # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, INSOMNIA TREATMENT

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

**Decision rationale:** Remeron is FDA approved for the treatment of depression and mood disorders. It is a noradrenergic and specific serotonergic antidepressant. It is used off label for the treatment of obsessive compulsive disorder, social anxiety disorder, insomnia, post-traumatic stress disorder, low appetite and nausea. There is a significant lack of clinical evidence in the documentation provided of insomnia. In addition, the patient is taking Ambien for sleep. There is no documentation of a diagnosis of depression. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**NORCO 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009, Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Norco for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.