

Case Number:	CM14-0020315		
Date Assigned:	04/25/2014	Date of Injury:	09/01/2008
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The patient is an employee of [REDACTED], who has submitted a claim for bilateral wrist pain associated from an industrial injury date of September 1, 2008. Treatment to date has included bilateral carpal tunnel decompression, chiropractic therapy, a wrist brace, a home exercise program, TENS, and medications, which include Tramadol ER, Remeron, Neurontin, Terocin patch, and Lidopro lotion. Medical records from 2013-2014 were reviewed, the latest of which (April 1, 2014) revealed that the patient complains of daily pain at 8-9/10. She uses Tramadol ER for pain, as well as Lidopro lotion. She denies spasms, but admits to numbness in bilateral wrists sometimes. Pain increases whenever she does chores with both hands. She does use bilateral wrist brace as needed. These symptoms decrease her ability to do daily task. These symptoms also cause weaker gripping and grasping resulting in difficulty with opening jars and opening bottle caps. She has had incidents of dropping items. She manages to do light chores; however, in short intervals. She also reports pain in bilateral wrists at nighttime, which disrupts her sleep. She does wear wrist braces at night to manage the pain. She also uses Remeron to help her stay asleep longer in between waking up. She denies depression. She does use hot and cold modalities for pain as needed. On physical examination, patient is not in acute distress. Range of motion of bilateral wrist is satisfactory.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM does not specifically address this topic, so the Official Disability Guidelines were used instead. It states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7-10 day period may indicate a psychiatric and/or medical illness. Sedating antidepressants, like mirtazapine, have 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 was prescribed Remeron for insomnia since October 2013. The patient also has a history of previous use of Acetadryl for insomnia, with no relief. In the recent clinical evaluation, the patient still complains of sleep disturbance due to pain. However, there is no diagnosis of insomnia given. There is likewise no documentation regarding sleep hygiene. The use of Remeron has also exceeded the recommended duration for insomnia treatment. As such, the request is not medically necessary.