

Case Number:	CM15-0141345		
Date Assigned:	07/31/2015	Date of Injury:	03/05/2001
Decision Date:	09/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 63 year old female, who sustained an industrial injury on March 5, 2001. She reported left foot and ankle pain. The injured worker was diagnosed as having major depressive affective disorder recurrent episodes of severe degree specified as with psychotic behavior and pain disorder related to psychological factors. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker continues to report left lower extremity pain and anxiety. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain as noted. It was noted in spite of a lot of left lower extremity pain her mood was good. Norco, Seroquel and Klonopin were continued. Evaluation on March 2, 2015, revealed continued fluctuating pain as the cold weather comes and goes. The physician noted the injured worker takes four Norco per day to remain functional. Evaluation on March 30, 2015, revealed the injured worker was more anxious but less depressed then the last visit and had continued pain. It was noted she rated her pain at 8-9 on a 1-10 scale with 10 being the worst without Norco and 6 on a 1-10 scale with 10 being the worst while using Norco. It was noted she had been out of Seroquel secondary to not getting it filled recently. Evaluation on June 1, 2015, revealed more difficulty sleeping, panic attacks and anxiety. Her Clonazepam had been reduced however the physician noted no further reduction at this time secondary to increased symptoms. It was noted she would start Remeron for sleep. Evaluation on June 29, 2015, revealed continued anxiety. There was no indication of a pain assessment. Norco was continued for pain and Remeron for

sleep. There was no indication of improved sleep with Remeron and no indication of sleep quality or duration before introducing the Remeron. It was noted she had increased anxiety. Norco 10/325 mg, 120 count with one refill, post-dated script for 7/27/2015 and Remeron 15 mg, thirty count with four refills was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15 mg, thirty count with four refills: Upheld

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

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

Decision rationale: Regarding the request for Remeron, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Remeron treatment. Furthermore, there is no indication that Remeron is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Remeron is not medically necessary.

Norco 10/325 mg, 120 count with one refill, post-dated script for 7/27/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, notes seem to indicate that the patient has improved pain control due to the use of Norco. There is no documentation of specific objective improvement as a result of this medicine. However, it appears the patient has significant psychiatric issues, and abruptly discontinuing pain medication may exacerbate those problems. As such, a one month prescription of Norco, to allow the requesting physician time to better document analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use, seems reasonable. Therefore, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

