

Case Number:	CM15-0037664		
Date Assigned:	03/06/2015	Date of Injury:	07/15/2002
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 74 year old female, who sustained an industrial injury on 07/15/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include discogenic lumbar condition at lumbar four to five, internal derangement of the knee, status post right meniscectomy, ankle inflammation with arthritic changes and tibiotalar joint and cystic changes with effusion, and chronic pain syndrome. Treatment to date has included medication regimen, magnetic resonance imaging of the ankle, magnetic resonance imaging of the lumbar spine, nerve studies of the lumbar spine, magnetic resonance imaging of the left knee, Synvisc injection, Hyalgan injections, cortisone injections, use of left knee brace, and status post right meniscectomy. In a progress note dated 01/15/2015 the treating provider reports complaints of increased pain, spasms, and stiffness to the back; pain to the left knee; and pain, popping, clicking and instability to the left ankle. The treating physician requested one prescription of Remeron for insomnia noting that the injured worker wakes up at night secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option inpatients' with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures or depression. Therefore, the request is not certified.

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