MAXIMUS Federal Services

Case Number:	CM15-0174675		
Date Assigned:	09/16/2015	Date of Injury:	12/16/2002
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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

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 54 year old female with a date of injury on 12-16-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc herniation, lumbar myoligamentous sprain-strain, Achilles tendon rupture with subsequent repair, left foot and ankle neuropathic pain and right lateral epicondylitis. Medical records (7-7-20-15 to 8-5-2015) indicate ongoing low back pain and left heel pain. Per the treating physician (8-5-2015), "She uses Remeron 15mg 1-2 tablets at bedtime, which significantly helps her sleep pattern and function throughout the day as well as improved her mood from her depression symptoms." Per the treating physician (8-5-2015), the employee has not returned to work. The physical exam (8-5-2015) revealed the injured worker to be non-weight bearing on her left lower extremity. There was tenderness to palpation of the posterior cervical musculature. There was tenderness to palpation along the left shoulder. There was tenderness to palpation of the right elbow along with soft tissue swelling. There was tenderness to palpation of the posterior lumbar musculature with significant muscle rigidity. Treatment has included lumbar spinal cord stimulator, multiple surgeries to the left foot and ankle, physical therapy and medications. Current medications (8-5-2015) included Norco, Anaprox, Prilosec, Neurontin, Soma, Wellbutrin and Remeron. The injured worker has been prescribed Remeron since at least 2-10-2015. The original Utilization Review (UR) (8-24-2015) denied a request for Remeron, retrospective date of service 8-15-2015. Utilization Review approved requests for Anaprox, Prilosec, Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Remeron 15mg #60, date of service: 08/05/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under insomnia.

Decision rationale: Based on the 8/5/15 progress report provided by the treating physician, this patient presents with left heel pain and spasms of unspecified location. The treater has asked for Retrospective request for Remeron 15mg #60, date of service 08/05/2015 on 8/5/15. The patient's diagnoses per request for authorization dated 8/5/15 are lumbar HNP rad, cervical HNP rad, chronic pain, tendonitis, medicine induced gastritis, insomnia, migraine, severe resistant nausea, depression/anxiety, muscle spasm, facet disease. The patient is s/p revision of lumbar spinal cord stimulator on 4/13/15. The patient continues to use lumbar spinal cord stimulator, which is providing coverage of her left foot/ankle per 8/5/15 report. The patient remains on her current medication regimen, which includes Anaprox, Remeron, Neurontin, Soma, and Norco per 8/5/15 report. The Remeron significantly helps her sleep pattern and function throughout the day as well as improving her mood from depression symptoms per 8/5/15 report. The patient's work status is terminated as of 6/2/15 per 8/5/15 report. ODG Guidelines, Pain chapter under insomnia states: Sedating anti-depressants (e.g. Amitriptyline, Trazodone, Mirtazapine) have also 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. The patient has been utilizing Remeron since at least 2/10/15 report, and is included in reports dated 2/25/15, 4/22/15, and 8/5/15. The patient reports that she is sleeping better with taking Remeron and that it helps her function throughout the day per 8/5/15 report. The patient has diagnoses of insomnia and depression/anxiety. Remeron states that sedating antidepressants may be an option in patients with insomnia coexisting with depression. Given this patient's chronic pain with associated insomnia/depression, and the documented efficacy of this medication, the use of Remeron is an appropriate measure. The request is medically necessary.