

<b>Case Number:</b>	CM14-0047914		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 a 40-year-old male with an injury date of 04/28/2008. According to the 04/02/2014 progress report, the patient presents with chronic back pain, hip pain, and shoulder pain. The patient states that medications continue to help with pain and function. His gait was antalgic and his diagnoses include the following: 1. Left greater trochanteric bursitis. 2. Sprain/strain of the lumbar region. 3. Left hip strain/hip flexor strain. 4. Chronic pain. 5. Unspecified major depression, recurrent episode. 6. Disorders at sacrum. 7. Headache. 8. Long term use of medications. The request is for the following: 1. Naproxen (Anaprox) 550 mg quantity #90. 2. Mirtazapine 15 mg quantity #30, dispensed 12/10/2013. 3. Gabapentin 600 mg quantity #60, dispensed 12/10/2013. The Utilization Review determination being challenged is dated 04/09/2014. Progress reports were provided from 12/10/2013 - 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen (anaprox) DS 550 mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60,61,22.

**Decision rationale:** According to the 04/02/2014 report, the patient complains of chronic back pain, hip pain, and shoulder pain. The request is for Naproxen (Anaprox) 550 mg quantity of #90. The patient began taking Naproxen as early as 12/10/2013. Review of the reports does not provide any discussion regarding the use of Naproxen. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen has done for the patient's pain and function. Therefore, the request is not medically necessary.

**Mirtazapine 15 mg, QTY: 30 dispensed 12-10-2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, pages 60,61 and on the Non-MTUS Official Disability Guidelines (ODG), Insomnia treatments.

**Decision rationale:** According to the 04/02/2014 report, the patient presents with chronic back pain, hip pain, and shoulder pain. The request is for Mirtazapine 15 mg quantity of #30, dispensed 12/10/2013 which is to be taken once at bedtime. The 01/24/2014 report indicates that the patient's "sleep has improved." The patient is now able to sleep 4 to 5 hours by taking Mirtazapine. MTUS and ACOEM Guidelines do not discuss this medication. Therefore, ODG Guidelines were referenced. ODG Guidelines has the following regarding Remeron for insomnia; "Sedating antidepressants (Amitriptyline, Trazodone, and 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 for patients with coexisting depression." The 04/02/2014 report does indicate that the patient does have depression as one of his diagnosis. However, none of the reports document the patient's sleep disturbance. There is no comparison as to how the patient does without taking Mirtazapine and with taking Mirtazapine. There is also no indication of how Mirtazapine has helped the patient's every day function. MTUS page 60 requires discussion of pain/function for medication use to treat chronic pain. Due to the lack of documentation regarding the medication's efficacy in terms of daily activity, the request is not medically necessary.

**Gabapentin 600 mg, QTY: 60 dispensed 12-10-2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding Gabapentin Gabapentin (Neurontin, Gabarone, generic available, Gabapentin (Neurontin) Page(s): 18,19,49.

**Decision rationale:** According to the 04/02/2014 progress report, the patient presents with chronic back pain, hip pain, and shoulder pain. The request is for Gabapentin 600 mg quantity of #60, dispensed 12/10/2013 which is to be taken 1 tablet every 8 hours for nerve pain. The 01/24/2014 report, states that Gabapentin "helps with nerve pain." For Gabapentin, MTUS requires that "The patient should be asked at each visit as to whether there has been a change in pain or function..combination therapy is only recommended if there is no change with the

first line therapy, with the recommended change being at least 30%." The treating physician indicates that the Gabapentin 'helps with nerve pain.'" However, the patient does not present with a diagnosis of neuropathic pain. There are no radicular symptoms and no nerve root or other nerve issues. MTUS require significant reduction of pain and improvement in function with the use of these medications. Therefore, the request is not medically necessary.