

<b>Case Number:</b>	CM14-0098787		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 63 year-old female who was reportedly injured on 3/31/2006. The mechanism of injury is not listed the most recent progress note dated 4/28/2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, and left elbow pain. The physical examination demonstrated restricted range of motion of the cervical spine, multiple myofascial trigger points and tight bands noted throughout cervical paraspinal, trapezius, scapula, scalene and infraspinatus muscles and multiple myofascial trigger points and tight bands noted throughout the intrascapular muscles. The physical exam also revealed decreased right shoulder range of motion in all directions; sensitivity was decreased to find touch and pinprick in the left thumb and right 3rd and 4th digits and hypersensitivity at the left elbow/forearm area. No recent diagnostic studies are available for review. Previous treatment includes trigger point injections, medications, and conservative treatment. A request was made for Motrin 800mg #180, Mirtazapine 15mg #120, Gabapentin 600mg #180, and was not certified in the pre-authorization process on 6/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** Anti-inflammatories such as Motrin are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. After review of medical records provided there was no documentation noting improvement in function or decrease in pain with the use of this medication. Therefore, continued use of this medication is deemed not medically necessary at this time.

**Mirtazapine 15mg #120:** 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) Mental Illness & stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** Mirtazapine is a tetracyclic anti-depressant used in the treatment of Major Depressive Disorder and other mood disorders. The California Medical Treatment Utilization Schedule supports the use of antidepressants in chronic pain management. Also recommends tricyclics as a first-line agent. After review of the medical records provided the injured worker does not have a diagnosis associated with depression. Mirtazapine is a tricyclic antidepressant and as such is considered to be not medically necessary.

**Gabapentin 600mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20,49.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is mention that the injured employee has hypersensitivity of the left elbow/forearm noted on physical examination. After review the medical documentation provided there was no documentation concerning the benefits of this medication as far as reduction of pain and symptoms. As such, this request for Neurontin is not medically necessary.