

Case Number:	CM14-0209012		
Date Assigned:	12/22/2014	Date of Injury:	01/27/2012
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice 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:

This is a 45 yr. old male claimant sustained a work injury on January 27, 2012 involving be left shoulder and neck. He was diagnosed with adhesive capsulitis and underwent a left shoulder decompression. In addition he has cervical strain with chronic left arm numbness. The claimant also chronic daily migraines and depression. A progress note on October 30, 2014 indicated the claimant had multiple trigger points in his neck and shoulders. He had been on Topamax which were helping his headaches and Mirtazapine for depression. The claimant was continued on Tramadol, mirtazapine, Topamax and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg 2 tabs QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: According to the guidelines, tricyclic and SSRI anti-depressants are 1st line treatment for pain and pain related depressive disorders. Mirtazapine is an antihistamine used for major depression. In this case, there was no mention of the claimant undergoing therapy or

diagnosed with major depression. There was no indication of failure of other 1st lines of therapy. Response to medication is unknown. The use of Mirtazapine is not justified and therefore not medically necessary.

Topiramate 50mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and migraines.

Decision rationale: Topiramate is still considered for use for neuropathic pain when other anticonvulsants fail. According to the guidelines Triptans are first line of pharmacological therapy for migraines. In this case there was no indication of failure of using a Triptan. Type of migraine was not described nor other interventions including behavioral and environmental modifications. Examination points to the headaches the more of a cervical origin. Such headaches typically do not require Topiramate. Quality of the headaches or pain scale levels were not noted. Continued use of Topiramate is not medically necessary.