MAXIMUS Federal Services

Case Number:	CM15-0142890		
Date Assigned:	08/03/2015	Date of Injury:	02/22/2013
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 63 year old female, who sustained an industrial injury on February 22, 2013, incurring neck, shoulder and back injuries. She was diagnosed with cervical spondylosis, lumbar disc protrusion, lumbar radiculopathy, lumbar compression fracture, bilateral shoulder sprain and neck sprain and right shoulder rotator cuff tear, left shoulder rotator cuff tear. She underwent a right shoulder arthroscopy in June, 2014. Treatment included physical therapy, pain medications, anti-inflammatory drugs, antidepressants, neuropathic medications and a functional restoration program. Currently, the injured worker complained of persistent chronic pain affected her quality of life and activities of daily living. She noted limited range of motion in the lumbar spine and lower extremities. She complained of ongoing right shoulder pain with numbness and tingling down into the arm and hand. The treatment plan that was requested for authorization included prescriptions for Mirtazapine and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg, sig take 2 tablets per day for antidepressant, 1 refill, #30ms: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: This patient is status post right shoulder arthroscopy in June of 2014 and presents with ongoing right shoulder pain. The current request is for Mirtazapine 15mg, sig take 2 tablets per day for antidepressant, 1 refill, # 30ms. Treatment included ESIs, physical therapy, pain medications, anti-inflammatory drugs, antidepressants, neuropathic medications and a functional restoration program. The patient is not working. ODG Guidelines pain chapter, under insomnia states, "Sedating antidepressants (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". According to progress report 05/19/15, the patient complained of persistent chronic pain. Physical examination noted limited range of motion in the lumbar spine and lower extremities. Also noted was right shoulder pain with numbness and tingling down into the arm and hand. The cervical spine was tender with muscle tension extending into the bilateral upper trapezius muscles. Medications do help improve her pain level and allow her to function with less pain. The patient's current medications include Naproxen, Gabapentin and Mirtazapine. It is unclear when Mirtazapine was initiated. In this case, the patient has a long history of anxiety, depression and sleep disturbances. The patient reports that Mirtazapine is beneficial and helpful with regard to her sleep. The patient states she is "able to get more rest at night and does wake up in a better mood". The patient's mood was reported to be "stabilized on this medication and she is sleeping much better at night". In this case, the patient presents with insomnia and depression, for which Mirtazapine is indicated; and treater has documented medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Gabapentin tabs 600mg, sig 1 tablet at night for nerve pain, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: This patient is status post right shoulder arthroscopy in June of 2014 and presents with ongoing right shoulder pain. The current request is for Gabapentin tabs 600mg, sig 1 tablet at night for nerve pain, and #60. Treatment included ESIs, physical therapy, pain medications, anti-inflammatory drugs, antidepressants, neuropathic medications and a functional restoration program. The patient is not working. MTUS chronic pain guidelines have the following regarding Gabapentin on pages 18 and 19: "Gabapentin-Neurontin, Gabarone, generic available-has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." According to progress report 05/19/15, the patient complained of persistent chronic pain. Physical examination noted limited range of motion in the lumbar spine and lower extremities. Also noted was right shoulder pain with numbness and tingling down into the arm and hand.

The cervical spine was tender with muscle tension extending into the bilateral upper trapezius muscles. Medications do help improve her pain level and allow her to function with less pain. The patient's current medications include Naproxen, Gabapentin and Mirtazapine. The patient has been utilizing Gabapentin to manage his neuropathic pain since at least January 22, 2015. Per report 05/18/15, medications including Gabapentin provide pain relief and allows for increase in function with less pain. The patient reports no side effects with medications. It appears that Gabapentin has been efficacious for this patient and given the documented benefits, the requested refill is medically necessary.