

<b>Case Number:</b>	CM15-0051459		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Hawaii

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 53 year old female with an industrial injury dated 12/28/2010. Her diagnoses included right shoulder rotator cuff injury, status post right shoulder surgical repair 01/09/2014, cervical sprain/strain injury and myofascial pain syndrome. Prior treatments included right shoulder surgery, physical therapy, TENS unit and medications. She presents on 03/05/2015 with complaints of neck, right shoulder and spine pain. Objective findings included mild cervical paraspinous tenderness to palpation. There was tenderness and pain with range of motion of the right shoulder. The treatment plan included a request for Gabapentin and Paroxetine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paroxetine HCL 40mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-16, 107-108.

**Decision rationale:** The patient presents with pain affecting the cervical spine and right shoulder. The current request is for Paroxetine HCL 40mg, #30. The treating physician states, "The patient continues her current medicines paroxetine and gabapentin for pain control." We will continue with paroxetine 40 mg half a tablet once a day for anxiety and depression. (23, 94B) The MTUS guidelines state, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." In this case, the treating physician has documented that the patient is suffering from depression in addition to chronic pain. The patient is taking other medications for the chronic pain while paroxetine is used for depression which is effective. The current request is medically necessary and the recommendation is for authorization.

**Gabapentin 300mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The patient presents with pain affecting the cervical spine and right shoulder. The current request is for Gabapentin 300mg, #60. The treating physician states, "The patient continues her current medicines paroxetine and gabapentin for pain control." The patient will continue Tylenol No. 3 and gabapentin for pain and neuropathic pain control. (94, 79B) The MTUS guidelines state, effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case the treating physician has documented that the patient has complaints of paresthesia affecting the right upper extremity that is decreased with usage of Gabapentin. The current request is medically necessary and the recommendation is for authorization.