

Case Number:	CM15-0172161		
Date Assigned:	09/10/2015	Date of Injury:	02/22/2013
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old female, who sustained an industrial injury on 2-22-2013. The injured worker was diagnosed as having pain in joint-bilateral shoulder, status post right shoulder arthroscopy 6-09-2014, cervical spondylosis without myelopathy, neck sprain-strain, closed fracture of unspecified vertebra without spinal cord injury, and depression. Treatment to date has included diagnostics, right shoulder surgery, mental health treatment, lumbar epidural steroid injection, functional restoration program, and medications. Currently (7-21-2015), the injured worker complains of multiple body part pain, including her neck, back, and right shoulder. She reported no acute changes to her pain condition and rated pain 5 out of 10. She continued to have pain, worse with prolonged computer work for greater than 30 minutes. Heavy lifting-carrying also aggravated her pain and she was able to perform household activities by taking breaks. She also stated that she was working hard on rehabilitation and trying to strengthen herself, noting that she was highly motivated to return back to some level of work. She continued with cognitive behavior therapy and reported that it was helpful in reducing some depressive symptoms and helping her better cope with chronic pain. A review of symptoms was positive for lumps in her neck, anxiety, and depression. Physical exam noted an appropriate mood and affect. Exam of the cervical spine noted tenderness to palpation along the cervical paraspinal muscles, with muscle tension extending into the bilateral upper trapezius muscles. Range of motion was full with flexion but decreased by about 15% in extension and rotation to the left. Sensation was intact and motor strength was generally 5 of 5, with the exception of right hand grip, which was mildly decreased compared to the left. Exam of the right shoulder noted

tenderness to palpation over the rotator cuff muscles and decreased range of motion by 10-20%. Exam of the lumbar spine noted tenderness to palpation at the lumbosacral junction, with associated muscle tension. Range of motion was decreased by 60% with flexion and 30% with extension and bilateral rotation. Sensations were decreased to light touch at the right dorsal foot, compared to the left lower extremity. Current medications included Naproxen (anti-inflammatory), Gabapentin (nerve pain), and Mirtazapine (antidepressant). Her medications were consistent since at least 4-2015, and pain levels, when documented, also appeared consistent. She was able to return to full duty and was working with her employer and attorney, noting that she had not been given a full duty job yet. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium (Anaprox) 550mg #90 (dispensed 7/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: This claimant was injured in 2013 and has pain in both shoulder joints and is status post a right shoulder arthroscopy 6-09-2014. There was cervical spondylosis without myelopathy, neck sprain-strain, closed fracture of unspecified vertebra without spinal cord injury, and depression. The current medications included Naproxen, Gabapentin, and Mirtazapine (antidepressant). Her medications were consistent since at least 4-2015, and pain levels, when documented, also appeared consistent. She was able to return to full duty and was working with her employer and attorney, noting that she had not been given a full duty job yet. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug such as Naproxen in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement over that time. The MTUS guideline of the shortest possible period of use is also clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

Mirtazapine 15mg #30 with 1 refill: 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), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: As shared previously, this claimant was injured in 2013 with pain in bilateral shoulder joints, status post right shoulder arthroscopy 6-09-2014, cervical spondylosis without myelopathy, neck sprain-strain, closed fracture of unspecified vertebra without spinal cord injury, and depression. Her medications were consistent since at least 4-2015, and pain levels, when documented, also appeared consistent. She was able to return to full duty and was working with her employer and attorney, noting that she had not been given a full duty job yet. There is no mention of a depressive disorder. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Per the Physician Desk Reference, this medicine is for a major depressive disorder. The records do not attest to the presence of this condition. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.