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| <b>Case Number:</b>   | CM14-0000638 |                              |            |
| <b>Date Assigned:</b> | 01/17/2014   | <b>Date of Injury:</b>       | 11/09/2011 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2014 |

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 35-year-old female with date of injury of 11/09/2011. Per treating physician's report 12/05/2013, the listed diagnoses are cervical strain and shoulder strain. The patient has persistent left shoulder pain caused by favoring the right shoulder; neck pain at 6/10, occurs 3 to 4 times a day, lasting 30 minutes; right forearm pain at 4/10; right shoulder pain at 6/10. The patient is to begin physical therapy with [REDACTED], Celexa 20 mg a day for chronic pain, cervical pillow, Anaprox 550 mg twice a day and Colace. The patient was returned to modified work from 12/05/2013. [REDACTED] report from 10/16/2013 has a diagnosis of shoulder joint pain. This report is difficult to read, but it states that the patient failed a trial of TENS, and the request was for a 30-day evaluation trial of H-wave system. Another report by [REDACTED], 11/14/2013, recommends Anaprox DS 550 mg #100, Celexa 20 mg per day #100. The patient needs refill on her medications, and overall the patient is doing well. He is to return to work next week. The patient appears to have returned to work as per 12/05/2013, the treater documents the patient is working part-time as a hostess.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEXA 20MG PER DAY #100:** 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 Anti-depressants for chronic pain, Page(s): 13-16.

**Decision rationale:** This patient presents with chronic shoulder pain. The patient is status post shoulder arthroscopic surgery for repair of rotator cuff on 07/23/2013. The request is for Celexa 20 mg once per day, #100. This was denied by utilization review letter 12/12/2013 with the rationale that assessment of treatment efficacy was not provided. MTUS Guidelines page 13 to 14 does recommend use of anti-depressants as a first line of option for neuropathic pain and possibly for non-neuropathic pain as well. Review of the reports shows that this patient has been prescribed Celexa 20 mg once per day #100, at least dating back to 07/11/2013 and 06/13/2013. It is unknown as to why the treating physician has prescribed #100 when the patient is only using once per day. This is a prescription that is documented on each visit. It is not known whether or not the patient is given 3-month supply and filled periodically or the patient is given #100. However, the request is for #100 of Celexa 20 mg once a day. MTUS Guidelines does support use of anti-depressants, particularly starting with tricyclic anti-depressants for chronic pain. MTUS Guidelines supports the use of anti-depressants for depression and anxiety. On this case, depression/anxiety is not well documented, although the patient's chronic pain is well documented. MTUS Guidelines page 60 requires documentation of pain and function assessment with each medications that are used. I do not see that pain reduction and functional improvement are attributed to use of Celexa on this patient. It is unclear as to why the treating physician has been prescribing #100 every month when the patient is to take 1 a day. Given the lack of appropriate and proper documentation, recommendation is for denial.

**ANAPROX DS 550MG BID #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s, Page(s): 67 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Page(s): 22.

**Decision rationale:** This patient presents with chronic persistent shoulder pain status post shoulder arthroscopic surgery for rotator cuff repair from 07/23/2013. The treating physician has been prescribing Anaprox 550 mg to be taken twice a day, #100. MTUS Guidelines does support the use of anti-inflammatory medications for chronic pain. MTUS Guidelines also requires documentation of pain and functional difference with the use of these medications for chronic pain. In this patient, review of the reports show that on 12/05/2013, the treating physician documents the patient having returned to part-time duty work and improved with pain medication. The patient improved with surgery and is managing pain with anti-inflammatory medications, which are appropriate. Recommendation is for authorization.

**LIDODERM PATCH 12 HOURS/DAY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Page(s): 56-57.

**Decision rationale:** This patient presents with chronic shoulder pain status post shoulder arthroscopic surgery from 07/23/2013. The request was Lidoderm patch #30. MTUS Guidelines does recommend Lidoderm patches for neuropathic pain stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic Serotonin-norepinephrine reuptake inhibitors (SNRI), anti-depressants or an AED such as Gabapentin or Lyrica." In this patient, the use of lidocaine patches may be appropriate for the patient's "localized peripheral pain," namely shoulder pain. However, there is no documentation that the patient has tried other medications and failed. In fact, the patient is currently on Celexa for pain. The patient status seems to be doing well, having returned to work. The treating physician does not mention whether or not Lidoderm patches have made a significant difference on this patient's pain. He does not differentiate which medication has worked and which have not. MTUS Guidelines page 60 requires documentation of pain and function as related to use of medications for chronic pain. In this case, documentation was lacking regarding efficacy of Lidoderm patches for this patient's shoulder pain. Recommendation is for denial.

**COLACE 250MG BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** This patient presents with chronic right shoulder pain status post right shoulder surgery on 07/23/2013. There is a request for Colace. Review of multiple reports from 2013 shows that the patient is prescribed Colace #60 for constipation that is medication-induced. MTUS Guidelines supports the use of a prophylactic constipation medication for chronic pain patients that are on pain medications. Recommendation is for authorization as constipation is documented. [REDACTED]