

Case Number:	CM14-0114476		
Date Assigned:	08/01/2014	Date of Injury:	06/16/2012
Decision Date:	09/16/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation 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:

The injured worker is a 55-year-old female, who reported an injury on 06/16/2012; the mechanism of injury was not provided. On 02/03/2014, the injured worker presented with left shoulder pain. Upon examination, the bilateral shoulders were symmetrical without atrophy and the left shoulder surgical wounds were well healed. The left shoulder range of motion is 150/90/80 with positive impingement sign. There was pain and weakness with abduction strength testing. The diagnoses were status post left acromioplasty and Mumford. Prior therapy included shoulder rehabilitation therapy, home exercise, the use of ice and Motrin. Current medications included Lexapro and tramadol. There is a prior MRI of the left shoulder, x-ray of the right hand, and EMG and NCV studies. The provider recommended Lexapro and tramadol; the provider's rationale is not provided. The Request for Authorization form was not included in medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Tramadol 50 MG sig: 1 TAB 3X DAY #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status; appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of tramadol has not been provided, and as such, the request Retro: Tramadol 50 mg sig: 1 tab 3X day #200 is not medically necessary.

RETRO: Lexapro 10 mg sig 2 tabs every night #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines-Treatment for Workers' Compensation, Online Edition. Chapter:Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Per California MTUS, Lexapro is not recommended as a treatment for chronic pain, but a SSRI may have a role in treating secondary depression. SSRI is a class of antidepressants that inhibits serotonin reuptake without action on noradrenaline, and are controversial based on controlled trials. The guidelines do not recommend SSRI for chronic pain, and the medication would not be indicated. Additionally, the efficacy of the prior use of Lexapro has not been provided, and as such, the request Retro: Lexapro 10 mg sig 2 tabs every night #120 is not medically necessary.