

Case Number:	CM14-0121908		
Date Assigned:	08/06/2014	Date of Injury:	06/16/2012
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 patient is a 56 year old female who was injured on 06/16/2012. The mechanism of injury is unknown. Prior treatment history has included physical therapy. The patient underwent left shoulder arthroscopic surgery on 10/15/2013. Her medications as of 01/28/2014 included Lexapro and Tylenol with Codeine. Progress report dated 07/10/2014 indicates the patient presented for further evaluation of right and left upper extremity pain. She reported her left shoulder pain has been bothering her. She reported with her medication, her pain level decreased from 6/10 to 3/10. She is taking Lexapro and tramadol. Objective findings on exam revealed range of motion of the right shoulder appeared normal. The left shoulder revealed 90 degrees of abduction and 90 degrees of flexion. She is diagnosed with left shoulder pain and was recommended Lexapro 10 mg, tramadol 50 mg and Tylenol. Prior utilization review dated 07/14/2014 states the request for Retro Lexapro 10mg #60 is denied as medical necessity has not been established; Retro Tramadol 50mg #100 is denied as medical necessity has not been established; and Retro Tylenol #60 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lexapro 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ; Pain chapter / anxiety medications for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Escitalopram (Lexapro®) Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/lexapro-drug.htm>

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM), it is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Per Official Disability Guidelines (ODG), Escitalopram (Lexapro): is approved for major depressive disorder. It is also recommended for panic disorder (PD), Social anxiety disorder (SAD), Obsessive-compulsive disorder (OCD), and Post-traumatic stress disorder (PTSD) as well as major depressive disorder. In this case, there is no documentation of any depressive signs or symptoms. Furthermore, the medical records do not show any of the above diagnoses. Thus, the request is considered not medically necessary due to lack of documentation.

Retro Tramadol 50mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-94.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, indicated for moderate to severe pain. The California (MTUS) Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, the clinical information indicated good pain relief with pain medications, from 6 to 3/10. There is no evidence of aberrant behavior. There is no documentation of any side effects. The injured worker (IW) is not taking any other opioid analgesics. Therefore, the medical necessity of Tramadol has been established.

Retro Tylenol #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) (Zhang, 2008) (Chou, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACETAMINOPHEN (APAP) Page(s): 11-12.

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, Tylenol (Acetaminophen) is recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs,

acetaminophen should be recommended on a case by-case basis. In this case, the injured work (IW) has stated that the pain is reduced from 6 to 3/10 with pain medications. Considering acetaminophen as the first line therapy with safer side effect profile compared to other analgesics, therefore, the request is medically necessary and appropriate.