

Case Number:	CM14-0154729		
Date Assigned:	09/24/2014	Date of Injury:	08/05/2010
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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:

The patient is a 46 year old with an injury date on 8/5/10. Patient complains of right shoulder pain rated 5-7/10 per 8/26/14 report. Patient has pain especially at night, and is currently taking Ibuprofen, 2 Tramadol, and 2 Citalopram per day "which has been helpful for the mood" per 8/26/14 report. Based on the 8/26/14 progress report provided by [REDACTED] the diagnoses are: 1. neck s/s 2. myofascial pain syndrome 3. carpal tunnel syndrome, s/p bilateral carpal tunnel release 4. rotator cuff s/s (right) Exam on 8/26/14 showed "patient ambulates without a device with normal gait. Well healed surgical scars on right shoulder." No range of motion testing was included in reports. [REDACTED] is requesting 1 celexa 20mg - 2 tabs by mouth once a day, 60 tablets for 1 month supply with 1 refill to manage pain and depression related to the right shoulder (unspecified if dispensed or non-dispensed). The utilization review determination being challenged is dated 9/15/14 and denies request as the relationship to the described injury is not clear. [REDACTED] is the requesting provider, and he provided a single treatment report from 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CELEXA 20 MG. 2 TABS BY MOUTH, ONCE A DAY, 60 TABLETS FOR 1-MONTH-SUPPLY WITH 1 REFILL FOR TO MANAGE PAIN AND DEPRESSION RELATED TO THE RIGHT SHOULDER (UNSPECIFIED IF DISPENSED OR NON-DISPENSED):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: This patient presents with right shoulder pain and is s/p right shoulder surgery on 7/17/14. The treater has asked for 1 celexa 20mg - 2 tabs by mouth once a day, 60 tablets for 1 month supply with 1 refill to manage pain and depression related to the right shoulder (unspecified if dispensed or non-dispensed). Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the patient presents with a diagnosis of neuropathic pain, and Celexa is stated to be effective. The requested 1 celexa 20mg - 2 tabs by mouth once a day, 60 tablets for 1 month supply with 1 refill to manage pain and depression related to the right shoulder (unspecified if dispensed or non-dispensed) is indicated for this type of condition. Recommendation is for authorization.