

<b>Case Number:</b>	CM14-0025660		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 50-year-old male who reported an injury on 01/06/2009. The mechanism of injury was not specifically stated. Current diagnoses include history of injury to bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists and hands; status post right carpal tunnel release in 2009; tendonitis, bursitis, and impingement in bilateral shoulders; and history of continuous trauma from 1987 through 2009. The latest physician progress report submitted for this review is documented on 04/07/2014. The injured worker reported ongoing pain in the bilateral shoulders as well as radiating numbness and tingling in bilateral hands. Physical examination revealed well healed arthroscopic portals, limited range of motion, and pain at end ranges of motion. Treatment recommendations at that time included a referral to a pain management specialist and continuation of the current medication regimen and ice therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg, daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. There is also no quantity listed in the current request. Therefore, the request is non-certified.

**Viibryd 20mg, daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical necessity for the requested antidepressant has not been established. There is also no quantity listed in the current request. As such, the request is non-certified.

**Pennsaid 1.5%, 4 times per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no quantity listed in the current request. As such, the request is non-certified.

**Metaxalone 800mg, every 6 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no quantity listed in the current request. As such, the request is non-certified.

**Clonazepam 1mg, 4 times per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. There is also no quantity listed in the current request. As such, the request is non-certified.

**Vitamin D 10,000 units, daily:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Vitamin D.

**Decision rationale:** Official Disability Guidelines recommend vitamin D in consideration for chronic pain patients and as a supplementation if necessary. It is currently under study as an isolated pain treatment, and vitamin D deficiency is not considered a Worker's Compensation condition. The medical necessity for the requested medication has been established. There is also no quantity listed in the current request. As such, the request is non-certified.

**Zolpidem Tartrate 10mg, at bedtime:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of chronic insomnia or sleep disturbance. There is also no quantity listed in the current request. As such, the request is non-certified.

**Vitamin D3 5,000 units, daily:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Vitamin D.

**Decision rationale:** Official Disability Guidelines recommend vitamin D in consideration for chronic pain patients and as a supplementation if necessary. It is currently under study as an isolated pain treatment, and vitamin D deficiency is not considered a Worker's Compensation condition. The medical necessity for the requested medication has been established. There is also no quantity listed in the current request. As such, the request is non-certified.