

Case Number:	CM14-0092402		
Date Assigned:	07/25/2014	Date of Injury:	05/03/1997
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 64 year-old with a reported date of injury of 05/03/1997. The patient has the diagnoses of right shoulder pain (719.41). The patient has undergone previous surgery for the injury. Progress notes by the primary treating physician dated 06/25/2014 state the patient has complaints of shoulder pain that is rated a 6/10 and poor sleep quality. The physical exam noted restriction of range of motion in the right shoulder, positive Hawkins and drop arm test and tenderness to palpation in the bicipital groove, genohumeral joint and greater tubercle of the humerus. The left shoulder was also noted to have restriction in range of motion but negative drop arm test. There was decreased sensation to pinprick over the middle finger of the right side. The recommended treatment plan consisted of continuation of prescribed medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20 mg tablet SIG: Take 2 daily QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs - Chronic Pain Medical Treatment Guidelines, Shoulder Complaints.

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

Decision rationale: Per the provided progress reports, the requested medication is being used for radicular pain of the upper extremity as well as depressed mood. The California MTUS pain medical treatment guidelines section on antidepressants for chronic pain states: Recommended as a first line option 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. In regards to selective serotonin reuptake inhibitors: It has been suggested that the main role of SSRIs may be in addressing the psychological symptoms associated with chronic pain. There is no documentation of prior tricyclic trial or failure of the medication. In fact the California MTUS recommends tricyclics as the first line option especially if pain is accompanied by insomnia, anxiety, or depression. In the absence of assessment of detailed efficacy of the requested medication as well as the medication not being the first line choice and the absence of previous failure of the first-line choice, the requested medication is not medically necessary.

Senna SIG: take 1-2 tablets at bedtime as needed for constipation QTY 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Chapter: Pain - Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation.

Decision rationale: The requested medication is a laxative used in the treatment of constipation. The California MTUS chronic pain medical treatment guidelines section on opioids states: Prophylactic treatment of constipation should be initiated. The ODG states that some laxatives may help to stimulate gastric mobility. The patient is currently on opioid medication and thus the use of a laxative for constipation issues would be deemed appropriate by the above-mentioned guidelines. Therefore, the medication is medically necessary.