

Case Number:	CM14-0184590		
Date Assigned:	12/01/2014	Date of Injury:	05/09/2012
Decision Date:	01/13/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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, 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 47 year old male with an injury date of 05/09/12. Based on the 09/18/14 progress report, the patient complains of right shoulder pain. The pain is pinching type and pain level is 4 out 10. The patient takes Omeprazole 20mg. The patient states that medication helps about 30-40% and maintains pain under control, but with stomach upset. The patient completed 2 sessions of CBT which is helping for coping technique. The patient has decreased right shoulder range of motion. There is diffused and TTP in right shoulder. The diagnoses are 1. Right shoulder joint pain 2. Poor coping 3. Hx gastritis Based on the 08/05/14 report, the patient has done injection of the right shoulder for MR arthrography and MRI right shoulder with contrast. The MRI showed high-grade partial thickness, articular surface tear of the supraspinatus tendon at the critical zone anteriorly, prior biceps tenodesis, and trace amount of fluid in the subacromial/subdeltoid bursa. According to 08/27/14 report, the patient has discomfort with O'Brien testing and able to abduct and externally rotate to 90 degrees, forward flexion to 180 degrees. The treating physician is requesting to consider Lexapro or Topamax for stomach issues per report dated 09/18/14. The utilization review determination being challenged is dated 10/07/14. The treating physician provided treatment reports from 04/07/14-09/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consider Lexapro or Topamax for stomach issues: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

Decision rationale: This patient presents with right shoulder joint pain. The request is to consider Lexapro or Topamax for stomach issues. California MTUS guidelines, page 21 states "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007)." There is no indication of the patient's prior use of Lexapro or Topamax in provided progress reports. In this case, there is no discussion why the treating physician recommends Lexapro or Topamax and how either of these medications is going to help what stomach issues. Topamax is for neuropathic pain and Lexapro is an antidepressant.