

Case Number:	CM14-0193547		
Date Assigned:	12/01/2014	Date of Injury:	05/03/1997
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 65-year-old male with a date of injury of 05/03/1997. The listed diagnosis is shoulder pain, right. Per treating physician report 10/15/2014, the patient presents with chronic right shoulder pain. The patient rates pain with medication 5/10 and without medication 8/10. The patient is taking medications as prescribed and states "that medications are working well." Current medication regimen includes OxyContin 20 mg, Gabapentin 600 mg, Celebrex 200 mg, Celexa 20 mg, Silenor 3 mg, Colace 100 mg, and Senna. There have been 2 urine drug screens, one from 2010 which notes "UDS all negative." There is a repeat UDS on 04/24/2013 which was positive for opioid OxyContin, but negative for Gabapentin which was a prescribed medication. Examination of the right shoulder revealed restricted movements with flexion limited to 40 degrees, extension limited to 10 degrees, and abduction limited to 40 degrees. Hawkins and Neer's tests are positive. On palpation, there is tenderness noted in the biceps groove, glenohumeral joint and greater tubercle of humerus. Examination of the left shoulder revealed movements are restricted with flexion limited to 95 degrees and abduction limited to 95 degrees but normal passive elevation and internal rotation. Report dated 4/30/14 notes tingling and numbness, which radiates in the upper extremities. The patient is currently not working. The treatment plan is for refill of medications including Senna, Silenor, Gabapentin, and Celexa. The Utilization Review denied the request on 10/30/2014. Treatment reports from 05/28/2014 through 10/15/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna #60: 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 Page(s): 76-78.

Decision rationale: The current request is for Senna #60. The MTUS Guidelines page 76 through 78 discusses prophylactic medication for constipation when opiates are used. Review of the medical records indicates the patient has been taking the opiate OxyContin on a long-term basis and prescribed Senna and Colace concurrently for complaints of constipation. The utilization review approved the request for Colace. The medical necessity for the concurrent use of Colace and Senna has not been provided. This medication is not medically necessary.

Silenor 3mg #30: Overturned

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 Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, antidepressants

Decision rationale: The current request is for Silenor 3 mg #30. Silenor (Doxepin) is a tricyclic antidepressant (TCA). The provider has been prescribing this medication since May 2014 for insomnia. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." For insomnia, Official Disability Guidelines under its Pain Chapter, states "Sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Progress report dated 4/30/14 notes that with Silenor the patient is able to sleep at least 7 hours at night. Given the patient's insomnia and the efficacy of this medication, the requested Silenor is medically necessary.

Gabapentin 600mg #60: Overturned

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 Gabapentin Page(s): 18-19.

Decision rationale: The current request is for Gabapentin 600 mg #60. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." Medical reports states that Gabapentin helps the patient's neuropathic pain and has been effective for decreasing burning, numbness and tingling in the upper extremity. Progress reports also notes decrease in pain and increase in activities with current medications. Given the patient's radicular symptoms and efficacy of this medication, the requested Gabapentin is medically necessary.

Celexa 20mg #60: Overturned

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 Antidepressants Page(s): 13-15.

Decision rationale: The current request is for Celexa 20 mg #60. The MTUS guidelines page 13-15 has the following under antidepressants, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." Review of the medical file indicates the patient has been utilizing this medication since at least 04/30/2014. The treating physician has been prescribing Celexa "for treatment of radicular pain from the shoulder down RUE as well as for treatment of decreased mood secondary to pain." The patient notes "mood is improved with this medication and pain is under better control when used in combination with Neurontin." The patient meets the indication for this medication and there is documentation of efficacy. The requested Celexa is medically necessary.