

Case Number:	CM15-0000188		
Date Assigned:	01/09/2015	Date of Injury:	06/04/2007
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 06/04/2007. She has reported subsequent right shoulder, right arm and neck pain and was diagnosed with pain in joint of shoulder and joint of hand, carpal tunnel syndrome and ulnar nerve lesion. The IW was also diagnosed with major depressive disorder and panic disorder for which she was undergoing cognitive behavioral therapy. Treatment to date for pain has included oral pain medication, right ulnar nerve neurolysis, physical therapy, acupuncture and a home exercise program. Treatment for depressive disorder and panic disorder has included anti-depressant therapy and CBT. Currently the IW complains of right shoulder pain rated as a 4/10 that radiates to the neck and right arm. Objective examination findings showed restriction of movement of the right shoulder with flexion to 100 degrees and limited abduction due to pain. Tenderness was noted in the acromioclavicular joint, biceps groove, coracoids process and glenohumeral joint. The application of cold, medication and rest was noted to help reduce the symptoms. The physician noted that the IW's symptoms appeared to be adequately managed with the current pain regimen but that the IW did not feel the current medication was adequately addressing pain needs and requested to try a different medication. The IW was noted to appear well groomed, well nourished and in no acute distress with good communication ability. The physician requested authorization for Lexapro refills and a prescription for Norco which was being changed from Vicodin. On 12/23/2014, Utilization Review non-certified a request for Norco 5/325 mg #90 x 2 refills, noting that the IW had been prescribed another similar medication which was ineffective at reducing pain. A request for Lexapro 10 mg #30 x 2 refills

was modified to Lexapro 10 mg with no refills. The UR physician indicated that there was no evidence of objective functional improvement with the medication and that the IW should be gradually weaned off of the medication. MTUS Chronic Pain Medical Treatment Guidelines and a systematic review of evidence based, peer reviewed literature was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg # 30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress chapter, Antidepressants for Treatment of MDD

Decision rationale: The patient presents with pain in the right shoulder, rated at 4/10, that radiates to neck and right arm, as per progress report dated 12/10/14. The request is for LEXAPRO 10 mg # 30 WITH 2 REFILLS. The patient has been diagnosed with pain in joint of shoulder, pain in joint of hand, carpal tunnel syndrome, and Ulnar nerve lesion. Medications, as per the same report, include Vicodin, Terracing patch, Lexapro, Hydrochlorothiazide and Lisinopril. The patient has also been diagnosed with Major Depressive Disorder, Pain Disorder, and Panic Disorder, as per report dated 11/07/14. The patient's work status has been determined as temporarily totally disabled, as per progress report dated 12/10/14. MTUS Guidelines are silent on Escitalopram specifically. ODG Guidelines for Antidepressants for Treatment of MDD, chapter Mental Illness and Stress, state "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. In this case, the first prescription for Lexapro was noted in progress report dated 11/14/14." The patient does have a diagnosis of major depressive disorder (MDD), and may be eligible for treatment using serotonin reuptake inhibitors such as Lexapro.

However, the treater does not discuss the efficacy of the medication. For on-going use of the medication, efficacy must be provided, as per MTUS page 60. The request IS NOT medically necessary.

Norco 5/325mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the right shoulder, rated at 4/10, that radiates to neck and right arm, as per progress report dated 12/10/14. The request is for NORCO 5/325 mg # 90 WITH 2 REFILLS. The patient has been diagnosed with pain in joint of shoulder,

pain in joint of hand, carpal tunnel syndrome, and Ulnar nerve lesion. Medications, as per the same report, include Vicodin, Tercin patch, Lexapro, Hydrochlorothiazide and Lisinopril. The patient has also been diagnosed with Major Depressive Disorder, Pain Disorder, and Panic Disorder, as per report dated 11/07/14. The patient's work status has been determined as temporarily totally disabled, as per progress report dated 12/10/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Vicodin (another opioid) was first noted in progress report dated 06/27/14 and the patient has received the medication consistently at least since then. Vicodin was changed to Norco in progress report dated 12/10/14 and the treater states that with the current medication regimen, her pain symptoms are adequately managed. The treater also states that the patient is tolerating her medications well and there is no evidence of developing medication dependency. However, in the same report, the treater also states that patient does not feel the current medication she is taking adequately addressing her pain needs and would like to try a different medication. Additionally, the progress reports do not document a change in pain scale or measurable improvement in function due to opioid use. No UDS and CURES reports have been provided for review. The treater does not discuss the side effects of the medications as well. Continued use of Norco requires discussion about the 4 As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as per MTUS. This request IS NOT medically necessary.