

Case Number:	CM15-0102363		
Date Assigned:	06/04/2015	Date of Injury:	08/04/2014
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: Emergency Medicine

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 27 year old male, who sustained an industrial injury on 8/4/14. He reported initial complaints of smoke inhalation, right arm, right neck, right shoulder and headache. The injured worker was diagnosed as having neck sprain; right shoulder sprain; right elbow sprain; history of smoke inhalation; chronic chest pain; insomnia; post traumatic stress disorder; anxiety/stress; history of dizziness. Treatment to date has included behavioral health; physical therapy; medications. Diagnostics included CT scan chest with contrast (2/27/15) MR right shoulder without contrast (3/23/15). Currently, the PR-2 notes dated 3/17/15 indicated the injured worker complains of continued aggravation of pain in the right shoulder as well as radiating down into the right elbow with pain levels at 7-8/10. The injured worker remarks there was confusion in the pharmacy they did not have the correct dosage of the medications; therefore, he did not receive the medication. He states however, he did receive the Voltaren Gel and that has been helping to control his pain. He also relates that at times, he does feel that his arm cramps up and has restricted movement in the elbow. The injured worker has been trying to do stretches taught in physical therapy; seems to help with less tension in the arm. He continues to feel aggravation around his neck rating the pain at 7/10. He explains that whenever he moves his neck up and down position this causes more pain. He explains this is a pulling sensation that he feels from the bottom of this neck pulling up into his head and forehead area, causing headaches that come and go. He also noted when he gets these headaches he also gets dizzy. He also states he continues to have difficulty breathing and at times he takes a deep breath and feels the pain in his lung area. A CT scan of the chest with contrast completed on 2/27/15 impression

was "No significant abnormalities noted as described." The provider's physical examination documents tenderness on cervical paravertebrals bilaterally with flexion and extension somewhat restricted due to pain. The cervical compression and Spurling's test are negative. Examination of the right shoulder notes a slight protrusion of the acromioclavicular joint with tenderness in the AC joint and subscapularis space, but no surgical or traumatic scars. He can easily go to 140 degrees in abduction, but after that, it is painful and restricted. Exam of the right elbow notes tenderness on the lateral epicondyle and olecranon process with no medial epicondyle tenderness. There is weakness in the right hand grasp/grip. Tinel's sign is negative medially in the elbow with no sign of ulnar nerve irritation. The treatment plan notes to continue Celexa 10mg for depression and neuropathic pain. As well as Voltaren gel. The provider is discontinuing Fenopufen and starting the injured worker on naproxen 500mg one PO BID #60 for inflammation and pain and Prilosec 20mg for stomach protection. The injured worker was approved for a MR of the right shoulder without contrast and that report was included in the medical documentation dated 3/23/15. The provider is requesting authorization of Celexa 10mg 1 PO daily #30; Naproxen 500mg 1 PO twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 10mg 1 PO QD #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Mental/Stress: Antidepressants.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, antidepressants for depression are recommended in combination with other therapy. Psychologist is assessing and treating patient. While primary provider claims that patient is on Celexa for depression and "nerve pain", pt does not have any exam or diagnosis consistent with neuropathy. Patient does have depression and is appropriately being treated. Primary provider who prescribed is not psychiatrist although it appears to be properly managing medications at this time. Patient meets criteria for antidepressant use although patient should also be managed by a psychiatrist in addition to psychologist. Therefore, the request for Celexa 10mg 1 PO QD #30 is medically necessary.

Naproxen 500mg 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Anaprox/Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient was previously on Fenoprofen another NSAID and was switched to this. There was no documented improvement in pain or function with prior NSAID therapy and continued NSAID therapy carries the same risk despite change in type of NSAID. Chronic NSAID use is not recommended and not medically necessary.