

<b>Case Number:</b>	CM15-0163095		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old male, who sustained an industrial injury on 6-25-2013. The injured worker is undergoing treatment for: neck, low back, right shoulder and concussion of the head. On 5-17-2014, he was referred to a gastrointestinal specialist for report of difficulty swallowing and feeling "like something is stuck in his throat". On 11-12-2014, he is reported to have "cognitive issues related to his chronic pain". On 1-28-2015, he reported sleeping difficulty and is reported to have anxiety and depression. On 7-8-15, he reported gaining 60 pounds, having gastrointestinal issues, and sexual dysfunction. The provider noted that a QME report suggested psychological and neuropsychology input and assessment which is noted to be for the treatment of the concussion and not depression. He is reported to have irritability, concentration issues, mood swings, and fatigability. There is notation of limitation with chores and inability to stand or sit for more than 20 minutes at a time. On 8-26-15, he reported continued neck, low back, right shoulder, and chest pain and headaches. The provider indicated a magnetic resonance imaging of the right shoulder (August 2013) revealed "hypertrophic changes along the acromioclavicular joint without encroachment, acromioclavicular joint is down sloping". Physical examination revealed tenderness in the right shoulder, neck and low back. The treatment and diagnostic testing to date has included: CT scan of head; x-rays of neck, back, pelvis and right knee; magnetic resonance imaging of the lumbar spine (8-21-13), magnetic resonance imaging of the right shoulder (8-21-13), physical therapy (amount completed unclear), sling, TENS unit, at least 12 completed chiropractic sessions, medial branch block of lumbar (12-4-14), cervical medial branch block (4-9-15). Current medications listed are: Naproxen

(since at least April 2014, possibly longer), Effexor XR (since at least July 2015, possibly longer). Medications have included: Relafen, Tramadol, Flexeril, Zipsor, Norco, LidoPro, Terocin patches, Protonix, Neurontin, Nalfon, Wellbutrin, Prilosec, Colace, Topamax, Remeron, Lunesta, Celebrex. Current work status: he reported he stopped working in June 2013. The request for authorization is for: one subacromial decompression, one prescription of Effexor XR 75mg quantity 60, one prescription of Naproxen 550mg quantity 60, one shoulder injection and one comprehensive metabolic panel, CBC and blood testing. The UR dated 7-30-2015: non-certified one subacromial decompression, one prescription for Effexor XR 75mg quantity 60, one prescription for Naproxen 550mg quantity 60; certified one urinalysis, one prescription for Aciphex 20mg quantity 30, one prescription for Celebrex 200mg quantity 30 and one neuropsychological consultation; conditionally non-certified one shoulder injection and one comprehensive metabolic panel, CBC and blood testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty surgery.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/8/15 and 8/26/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 8/26/15 does not demonstrate evidence satisfying the above criteria. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

#### **Effexor XR 75mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Antidepressants for chronic pain.

**Decision rationale:** Per ODG, effexor is indicated for "FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic

neuropathy." In this case, none of the above diagnoses apply and thus the recommendation is for non-certification. Therefore, the requested treatment is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 8/26/15. Therefore, determination is non-certification. Therefore, the requested treatment is not medically necessary.