MAXIMUS Federal Services

Case Number:	CM15-0201713		
Date Assigned:	10/16/2015	Date of Injury:	04/25/2013
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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 59 year old female, who sustained an industrial injury on 4-25-13. The injured worker is being treated for fracture right foot, chronic pain and low back pain with radiculopathy on left. On 8-6-15 and 9-8-15, the injured worker complains of continued low back pain with radiculopathy on left and aggravated right forefoot pain following increased waling activity. She rates the pain 8 out of 10 without medications. She is currently not working. Physical findings on 8-6-15 and 9-8-15 revealed she is wearing a postoperative shoe on right foot and pain in right forefoot. (MRI) magnetic resonance imaging of lumbar spine was performed on 7-28-15. Treatment to date has included crutches, Voltaren Gel, oral steroids, walking boot, orthopedic consult, physical therapy, oral medications including Docuprene, Prilosec, Tylenol #4 (since at least 3-24-15), transforaminal nerve root injections, right foot surgery and activity modifications. The treatment plan included increasing Tylenol #4 #90, starting Lexapro and discontinuation of Cymbalta and Gabapentin. On 9-24-15 request for acetaminophen #90 and Escitalopram #60 were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines (Pain Interventions and Treatments): "Acetaminophen (APAP) Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case- by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." The CA MTUS continues to list indications for the use of APAP, which include osteoarthritis of the hip, knee and hand and chronic lower back pain. In this case, there is no evidence functional improvement with acetaminophen and therefore its continued use is not recommended. Thus the recommendation is for non-certification.

Escitalopram # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline, page 108, SSRI's such as Zoloft are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case, the note from 9/8/15 does not demonstrate a diagnosis of depression and thus Escitalopram is not indicated.