

Case Number:	CM15-0084414		
Date Assigned:	05/06/2015	Date of Injury:	11/07/2014
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 11/7/2014. He reported right shoulder pain. Diagnoses have included right shoulder impingement, right elbow tenosynovitis, cervical strain, thoracic sprain/strain and anxiety. Treatment to date has included physical therapy and medication. Magnetic resonance imaging (MRI) of the right shoulder from 1/11/2015 showed supraspinatus tendinosis. According to the progress report dated 3/20/2015, the injured worker complained of right shoulder pain. He complained of numbness/tingling in the right wrist/hand when the right upper extremity was down, occasionally radiating to the right elbow and upper-mid back with throbbing. Objective findings revealed that the injured worker was alert and oriented. The treatment plan noted that due to right shoulder injury and increased pain with activity at work the injured worker needed to immobilize the right shoulder in a sling. He was to return to modified work with restrictions of no lifting greater than ten pounds, no repetitive work at or above the right shoulder, no painting duties and need to wear sling for right upper extremity. Authorization was requested for Escitalopram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Escitalopram 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective; SSRIs have also not been proven to aid in improvement of function. The patient in this case does not appear to have failed first-line treatment with other antidepressants (tricyclics), and therefore the continued use of an SSRI for this work-related injury is in question. Without further evidence of failed treatment on first-line therapy, the retrospective request in this case cannot be considered medically necessary based on the provided records.