

Case Number:	CM14-0146360		
Date Assigned:	09/12/2014	Date of Injury:	04/27/1998
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female who reported an injury on 04/27/1998; the mechanism of injury was not indicated. The injured worker had diagnoses including arthropathy shoulder region. Prior treatment included physical therapy and injection in the right basilar. Diagnostic studies were not provided in medical records. The injured worker underwent right shoulder arthroscopic subacromial decompression with anterior acromioplasty, total knee replacement and limited right shoulder glenohumeral debridement. The injured worker complained of shoulder pain. The clinical note dated 07/23/2014 reported the injured worker continued to work full time despite of her ongoing problems of complex regional pain syndrome. Medications included fluoxetine, gabapentin and ibuprofen. The treatment plan included a request for Medication review for Fluoxetine 40mg #30, as an outpatient for right shoulder pain. The rationale for the request for Medication review for Fluoxetine 40mg #30, as an outpatient for right shoulder pain to lessen her pain. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication review for Fluoxetine 40mg #30, as an outpatient for right shoulder pain:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request for Medication review for Fluoxetine 40mg #30, as an outpatient for right shoulder pain not medically necessary. The injured worker complained of shoulder pain. The California MTUS guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic, but tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The guidelines note it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Within the provided documentation the requesting physician did not indicate whether the injured has significant psychological symptoms related to the chronic pain for which the medication is being used. There is a lack of documentation indicating the injured worker was previously treated with a Tricyclic antidepressant prior to utilizing Fluoxetine. The documentation noted the injured worker was prescribed this medication in 2012 and it was discontinued in 05/2012; however, there is a lack of documentation which indicates the physician's rationale for discontinuing the medication at that time. There is a lack of documentation which demonstrates that the medication is reducing the injured worker's pain and increasing her function. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.