MAXIMUS Federal Services

Case Number:	CM14-0151133		
Date Assigned:	09/19/2014	Date of Injury:	11/16/2009
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

This case involves a 58 year old female with a date of injury on 11/16/2009. Diagnoses include cervical disc degeneration, shoulder joint pain, carpal tunnel syndrome, and major depressive disorder. Subjective complaints are of left shoulder pain that was rated at 9/10. The pain radiated down the left arm to the left side of the neck and shoulder blade. Subjective findings also noted there was poor sleep due to pain. The patient's mood was stable. Physical exam showed tenderness over the cervical spine musculature. The left shoulder had tenderness and decreased range of motion, and was resistant to any movement due to pain. Beck depression inventory indicated a moderate level of depression. Prior treatment includes home exercise, hand brace, ice, and TENS. The patient was unable to complete authorized physical therapy due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Anxiety medications in chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, ANTIDEPRESSANTS,

Decision rationale: CA MTUS state that antidepressants are a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. CA MTUS also states that unlike serotonin-norepinephrine reuptake inhibitors (SNRIs), the serotonin-specific reuptake inhibitor (SSRIs) class of medication does not appear to be beneficial for the treatment of low back pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines (ODG) states that antidepressants have been found to be useful in treating depression, including depression in physically ill patients. For this patient, there is documentation of depressive symptoms along with chronic pain complaints. Therefore, this request is medically necessary.

Nabumetone 600mg tablet #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Nabumetone(Relafen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain to severe pain is present in multiple anatomical locations. Therefore, the requested Nabumetone is medically necessary.

Tizanidine 2mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs; Tizanidine (Zanaflex, generic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class my lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm. Therefore, this request is not medically necessary.