

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0161012 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 04/23/2013 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 Practice and is licensed to practice in Mississippi and Texas. 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 a 40-year-old female with a reported date of injury on 04/23/2013. The injury reportedly occurred when the injured worker was reaching for a tray of lettuce on a shelf in a walk in refrigerator and had developed shoulder pain. Her diagnoses were noted to include neck pain, rotator cuff tendinosis, and labral degeneration. Her previous treatments were noted to include TENS, physical therapy, psychological treatment, and medications. The progress note dated 07/18/2014 revealed complaints of neck and shoulder pain. The physical examination of the cervical spine revealed mildly limited range of motion and the movement accompanied by a sensation of cracking. The range of motion to the left shoulder was diminished and moderate to severe tenderness to palpation trapezius muscles, acromioclavicular joint and lateral acromion. There was moderate edema and tenderness to palpation at the paracervicals, particularly at the lower levels. The progress note dated 08/13/2014 revealed complaints of neck and shoulder pain. The injured worker rated her pain 7/10 to 8/10. The physical examination revealed a limited range of motion of the cervical spine. The left shoulder was stable with grimacing, but diminished. There was tenderness to palpation to the trapezius muscles, acromioclavicular joint and lateral acromion. There was moderate edema and tenderness to palpation at the paracervicals, particularly at the lower levels. There was a positive impingement sign. The request for authorization was not submitted within the medical records. The request was for Citalopram 20mg #60 a 3 month supply (refills) for chronic myofascial pain and depression and Senokot #60 a 3 month supply (refills) for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20mg #60 3 month supply (refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

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

Decision rationale: The request for Citalopram 20mg #60 3 month supply (refills) is not medically necessary. The injured worker has been utilizing this medication since at least 07/2014. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include assessment of the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There is a lack of documentation regarding a decrease in pain and objective functional improvement with changes in analgesic medications, sleep quality, and duration. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Sennekot #60 3 month supply (refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The request for Senokot #60 3 month supply (refills) is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be indicated. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.