

<b>Case Number:</b>	CM14-0092004		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 a 42 year old female who reported an injury on 10/01/2012. The mechanism of injury was not provided. Diagnoses include complete rupture of rotator cuff, shoulder region osteoarthritis, and shoulder region stiffness of joint. Past treatments included medications, diagnostic testing, physical therapy, pain medication, injection, modification of activity, and surgery. Diagnostic studies include MRI of the right shoulder on 01/16/2014 and MRI of the right shoulder on 08/23/2013. The surgical history included a right shoulder arthroscopy with debridement on 11/18/2013 and right shoulder manipulation under anesthesia on 02/24/2014. On 07/02/2014, the injured worker was seen for right shoulder pain. The injured worker's pain radiated to the mid upper arm and up into the lateral aspect of the neck on the right. Sleep was interrupted by pain. She had difficulty with simple activities of daily living. Upon examination, there was tenderness to palpation of the shoulder. Range of motion of the right shoulder revealed flexion was 70 degrees, extension was 5 degrees, abduction was 50 degrees, adduction was -30 degrees, external rotation was 20 degrees, internal rotation was at the iliac crest, external rotation was 75 degrees, internal rotation was 25 degrees. There were positive Neer's and Hawkin's tests. Medications included Citalopram 20 mg, Docusate sodium 100 mg, Ibuprofen 600 mg, Lorazepam 0.5 mg, Naproxen 500 mg, Omeprazole 20 mg delayed release, and Tramadol 50 mg. The treatment plan included nonsurgical treatment and possible surgery. The request is for MRI of the right shoulder, Tramadol 50 mg #60 and Celexa 10 mg #30. Neither, the rationale nor the request for authorization was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for MRI of the right shoulder is not medically necessary. The injured worker has a history of shoulder pain. The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) guidelines state an MRI can be done when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. The documentation states the injured worker has received multiple MRIs of the right shoulder. There have been no changes. The injured worker continued to have pain. The guidelines do not support repeat MRIs unless significant changes are noted. As such, the request is not medically necessary.

**Tramadol 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management, page(s) 78 Page(s): 78.

**Decision rationale:** The request for Tramadol 50 mg #60 is not medically necessary. The injured worker has a history of shoulder pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The guidelines state with long term use of opioids documentation of patient's response to medication is necessary. The injured worker continues to experience pain. There is lack of documentation of improvement from said medication. There is lack of documentation as to the assessment aspects of the guidelines, side effects and frequency. As such, the request is not medically necessary.

**Celexa 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors)page 107 Page(s): 107.

**Decision rationale:** The request for Celexa 10 mg #30 is not medically necessary. The injured worker has a history of shoulder pain. Celexa (Citalopram) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). The California Medical Treatment Utilization Schedule (MTUS) guidelines state it is 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. The guidelines do not recommend Celexa for chronic pain. It is unclear if the medication is being given for pain or depression. The request lacks frequency. As such, the request is not medically necessary.