

<b>Case Number:</b>	CM14-0095154		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old female was reportedly injured on March 1, 2012. The mechanism of injury is noted as moving shrink wrapped material. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of left shoulder and left elbow pain. Current pain is rated at 7/10. The injured employee states that Butrans patches reduce her pain by 20%. Increased headaches were reported potentially related to Celebrex and Lexapro was stated to be mildly helpful. The physical examination demonstrated of the left elbow noted decreased shoulder motion limited to 120 of flexion and abduction. There was a positive Hawkins test, Neer's test, and Speed's test. Examination the left elbow noted tenderness over the lateral epicondyles. There was decreased sensation at the left thumb and middle finger. Diagnostic imaging studies of the left shoulder noted tendinosis of the supraspinatus and infraspinatus tendons and a bursal surface tear of the anterior fibers of the supraspinatus. There was also acromioclavicular joint arthrosis any type II acromion with lateral down sloping. Previous treatment includes physical therapy, PRP injections to the left elbow, as well as oral and topical medications. A request had been made for Vicodin, a Butrans patch, Celebrex, and Lexapro and was not certified in the pre-authorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg qHS (at bedtime), quantity unspecified: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Vicodin is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Additionally, the progress note dated April 9, 2014 states that the plan is to transition the injured employee from Vicodin to a less sedating medication. As such, this request for Vicodin 5/300mg qHS (at bedtime), quantity unspecified is not medically necessary and appropriate.

**Butrans 5mcg/hr. Patch once weekly, quantity unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The California MTUS Guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans 5mcg/hr Patch once weekly, quantity unspecified is not medically necessary and appropriate.

**Celebrex 200mg q.d. (every day):** 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 Page(s): 22, 30, 70.

**Decision rationale:** The California MTUS Guidelines support the use of Celebrex in select clinical settings of acute and chronic pain in conditions for which NSAIDs are recommended, but there is a significant risk of GI complications. A review of the available medical records fails to document any risk or signs/symptoms of GI complications. Given the lack of clinical

documentation to justify deviation from the guidelines, this request for Celebrex 200mg q.d. (every day) is not medically necessary and appropriate.

**Lexapro 30mg q.d. (every day), unspecified quantity:** Overturned

**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 Page(s): 13-16 & 107 of 127.

**Decision rationale:** Lexapro is an SSRI (Selective serotonin reuptake inhibitor) antidepressant and anti-anxiety medication that can also be used for neuropathic pain. The injured employee does have neuropathic findings on the physical exam dated April 9, 2014. The injured employee also states that she finds this medication helpful. As such, this request for Lexapro 30mg q.d. (every day), unspecified quantity is medically necessary and appropriate.