

Case Number:	CM14-0045999		
Date Assigned:	07/02/2014	Date of Injury:	07/03/2001
Decision Date:	06/02/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 7/3/01. The injured worker has complaints of right shoulder pain radiating to the right side of the cervical spine. She has complaints of right wrist and hand pain and low back pain radiating to the right leg with numbness and tingling. The diagnoses have included cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; lumbar radiculopathy; right shoulder impingement syndrome; rule out carpal tunnel syndrome; mood disorder and sacroiliac arthropathy. Treatment to date has included nalfon; paxil; Prilosec; ultram extended release and norco; topical pain cream and injections. The request was for paxil 20mg #60 and unknown right shoulder autologous stem cell injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20 mg #60: 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 (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress Chapter, Paroxetine/Paxil--, Antidepressants for treatment of MDD.

Decision rationale: The patient presents with pain in the right shoulder radiating to the right side of the cervical spine, right wrist and hand pain, and low back pain radiating to the right leg with numbness and tingling. The request is for PAXIL 20MG #60. The provided RFA is dated 02/11/14 and the date of injury is 07/03/01. The diagnoses include cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; lumbar radiculopathy; right shoulder impingement syndrome; rule out carpal tunnel syndrome; mood disorder and sacroiliac arthropathy. Medications include Paxil, Norco, Prilosec, Ultram ER, Fexmid, Anaprox and Colace. The patient's work status is unavailable for review. MTUS does not discuss this Paxil/Paroxetine specifically. ODG, Mental Chapter, Paroxetine-Paxil, Antidepressants for treatment of MDD, states, recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Paxil was prescribed to the patient at least since 08/24/13, per provided medical reports. The reports are handwritten and illegible. The reports discuss neck, shoulder and low back complaints, however, there is no discussion of the use of this medication or a diagnosis of Major Depressive Disorder for which this medication is indicated. There is no discussion that this medication has been effective in managing the patient's chronic pain either. The request IS NOT medically necessary.

Unknown right shoulder autologous stem cell injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) chapter, Stem cell autologous transplantation (shoulder).

Decision rationale: The patient presents with pain in the right shoulder radiating to the right side of the cervical spine, right wrist and hand pain, and low back pain radiating to the right leg with numbness and tingling. The request is for UNKNOWN RIGHT SHOULDER AUTOLOGOUS STEM CELL INJECTIONS. The provided RFA is dated 03/19/14 and the date of injury is 07/03/01. The diagnoses include cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; lumbar radiculopathy; right shoulder impingement syndrome; rule out carpal tunnel syndrome; mood disorder and sacroiliac arthropathy. Per 02/28/14 report, physical examination of the right shoulder revealed positive AC joint tenderness. There are positive Neer's, O'Brian's and Hawkin's tests. Medications include Paxil, Norco, Prilosec, Ultram ER, Fexmid, Anaprox and Colace. The patient's work status is unavailable for review. ODG Guidelines under Shoulder (Acute & Chronic) chapter on Stem cell autologous transplantation (shoulder) states, "Under study primarily for rotator cuff biologic augmentation, with some limited promise from lower quality trials. Basic science animal studies

have shown that stem cells can have a positive effect on tendon healing with some regeneration potential, producing tissue similar to the preinjury state with variable results. (Ahmad, 2012) Because higher quality evidence is lacking these treatments remain experimental; techniques are inconsistent and application should be limited to randomized controlled clinical trials. Several questions remain to be answered before stem cells can be used clinically. Specifically, the type of stem cell, the amount of cells, and the proper combination of growth factors or mechanical stimuli to induce differentiation all remain to be seen." Treater has not provided a reason for the request. ODG indicates stem cell injections are under study and may be recommended for tendinopathy but for randomized studies only at this time. While the patient presents with right shoulder pain with cervical spine radiculopathy, there is no guidelines support for stem cell injections due to lack of high quality studies. The request IS NOT medically necessary.