

<b>Case Number:</b>	CM15-0112657		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/03/1997
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 65 year old male, who sustained an industrial/work injury on 5/3/97. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having pain in joint involving shoulder region. Treatment to date has included medication, physical therapy, and surgeries. Currently, the injured worker complains of right shoulder pain rated 5/10 and without medication at 9/10. Per the primary physician's progress report (PR-2) on 5/6/15, examination reveals guarding of the right arm against the chest due to pain, restricted movements, positive Hawkin's and Neer's test. Palpation noted tenderness in the biceps groove, glenohumeral joint and greater tubercle of humerus, per medicals, there was improvement in function. The requested treatments include Senna quantity, Silenor 3mg, and Celexa 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, Senna is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient's file that first line measurements were used. Therefore, the use of Senna #60 is not medically necessary.

**Silenor 3mg quantity 30:** 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 Antidepressants for chronic pain Page(s): 13-14.

**Decision rationale:** Doxepin is a tricyclic antidepressant. According to MTUS guidelines, antidepressant for chronic pain "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3- 6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijsman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. (Finnerup, 2005) The 'number needed to treat' (NNT) methodology (calculated as the reciprocal value of the response rate on active and placebo) has been used to calculate efficacy of the different classes of antidepressants. (Sindrup, 2005)" There is no recent documentation that the patient suffered an insomnia or a neuropathic pain. Therefore, the request for Doxepin is not medically necessary.

**Celexa 20mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anxiety medications in chronic pain. <https://msf.compiq.net/odg/odgtreatment.com/odgtwc/pain.htm>).

**Decision rationale:** Celexa is a serotonin reuptake inhibitor indicated of post traumatic stress disorder. There is no documentation that the patient developed post traumatic stress disorder. Therefore, the request for Celexa is not medically necessary.