

Case Number:	CM15-0114287		
Date Assigned:	06/22/2015	Date of Injury:	06/27/2011
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 42 year old female who sustained an industrial injury on June 27, 2011. The mechanism of injury was repetitive motion while working as a secretary. The injured worker has been treated for neck and shoulder complaints. The diagnoses have included rotator cuff tendonitis/bursitis, cervical spondylosis, cervical degenerative disc disease, failed cervical fusion, cervical radiculopathy, lumbar spondylosis, right frozen shoulder, left shoulder impingement /compensatory, chronic pain syndrome, myofascial pain, migraine headache and major depressive disorder. Treatment to date has included medications, radiological studies, rhizotomy, psychological sessions, injections and a cervical spine fusion. Current documentation dated April 20, 2015 notes that the injured worker reported neck pain associated with severe migraine headaches. The injured worker also noted thoracic spine and right shoulder pain. Examination of the cervical spine revealed tenderness to palpation, spasms and a decreased range of motion. Examination of the right shoulder revealed tenderness to palpation of the acromioclavicular joint, rotator cuff weakness and motor loss. Thoracic spine examination revealed tenderness to palpation, spasms and a normal range of motion. The treating physician's plan of care included a request for Celexa 20 mg # 30 with 2 refills and Fioricet 325/50/40 mg # 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg/tablet; #30 refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 107.

Decision rationale: Per the guidelines, SSRIs are not recommended as a treatment for chronic pain, but they may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain. It is not clear why celexa was prescribed and the records do not document efficacy or side effects. The medical necessity of celexa is not substantiated in the records.

Fioricet 325/50/40mg; #60 refill; 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 23.

Decision rationale: Fioricet is a barbiturate containing medication used to treat tension headaches. Per the guidelines, barbiturate-containing analgesic agents such as fioricet are not recommended for chronic pain as the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical records do not substantiate the medical necessity of fioricet or which of his symptoms this is targeting.