MAXIMUS Federal Services

Case Number:	CM15-0147760		
Date Assigned:	09/18/2015	Date of Injury:	05/03/1997
Decision Date:	10/20/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old male worker who was injured on 5-03-1997. The medical records indicated the injured worker (IW) was treated for bilateral shoulder rotator cuff tendinitis, bursitis, status post bilateral shoulder arthroscopy; bilateral wrist tenosynovitis; and bilateral knee sprain and strain. The progress notes (6-3-15) indicated the IW had right shoulder pain rated 5 out of 10. His pain was 8 out of 10 without medications. He reported poor sleep quality. He was remaining active at least six hours per day, continuing activity in the evenings and on weekends. He was able to perform activities of daily living and remain functional with medications. He was not working and considered "permanent and stationary". It was noted the urine drug screen on 6-3-15 was positive for ETOH and the IW was counseled. A CURES report on 7-22-14 was "appropriate". Medications included Oxycontin, gabapentin, Celebrex, Celexa, Silenor, Colace and Senna. The physical examination (6-3-15) noted tenderness to the right shoulder, with guarding; he held the right arm close to the body as if in a sling and supported the arm with the left hand. Flexion, extension and abduction was limited to 35, 15 and 45 degrees, respectively, due to pain. Neer and Hawkins tests were positive. There was some limited range of motion with pain in the left shoulder, as well. The exam was otherwise within normal limits. The documentation did not indicate how long the IW had been taking the requested medications. A Request for Authorization was received for Celexa 20mg tab take two daily, #60 and Silenor 3mg tab one at bedtime as needed, #30. The Utilization Review on 7-9-15 modified the requests for Celexa 20mg, #60 to allow #45 for weaning and for Silenor 3mg tab, #30 to allow #15 for weaning as per Official Disability Guidelines - Treatment in Workers' Comp (ODG-TWC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Silenor 3mg tab 1 at bedtime PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, silenor.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of restless leg syndrome. The patient does not have this diagnosis due to industrial incident. Therefore, the request is not medically necessary.

Celexa 20mg tab take 2 daily #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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The California MTUS section on SSRI states: Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. There is no failure of first line antidepressant therapy. The patient does not have primary depression. Therefore, the request is not medically necessary.