

Case Number:	CM14-0141249		
Date Assigned:	09/19/2014	Date of Injury:	02/01/2011
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 72-year-old female who reported an injury on 02/01/2011, due to falling out of a chair, hitting her head and shoulder. The injured worker complained of shoulder joint pain. The injured worker had diagnoses of cervical degeneration of the vertebral disc, psychosocial logical disorder and shoulder pain. Past surgeries included knee replacement 2008, shoulder repair 2004. The MRI of the brain dated 05/09/2014 revealed no evidence of a mass effect, midline shift, sulcal effacement or hydrocephalus. No evidence of intra-axial or extra-axial hemorrhage, including subdural hematoma. Past treatments included physical therapy and medication. The medications included citalopram, Norco, nortriptyline and Voltaren. The 08/06/2014 review of systems included fatigue, lethargy and weight loss. Musculoskeletal revealed muscle aches and weakness, joint pain to the right shoulder with arthritis and back pain. Psychiatric revealed depression, anxiety, sleep disturbance and restless sleep. The physical exam revealed reflexes of 2+, symmetric at the biceps, triceps and brachioradialis, and multiple myofascial trigger points in the trapezius muscles. The treatment plan included to continue mental health therapy including cognitive behavioral therapy, continue home exercise program and medication. Request for Authorization dated 09/09/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 10mg, #60 (with 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, SSRI

Decision rationale: The request for citalopram 10 mg #60 with 1 refill is not medically necessary. The California MTUS indicates that selective serotonin reuptake inhibitors are a class of antidepressants that inhibit serotonin reuptake without action on the noradrenaline, are controversial based on controlled trials. The Official Disability Guidelines recommend as a first line choice for the treatment of post-traumatic stress disorder. The clinical notes do not indicate that the injured worker had post-traumatic stress disorder. The clinical notes indicated that the injured worker was having issues with her neighbor who was causing her anxiety and depression. The request did not indicate a frequency. As such, the request is not medically necessary.

Norco 10/325mg #60 (with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use for a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 10/325 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend short acting opiates, such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation provided lacked the functional efficacy. The documentation did not address the ongoing pain management. The request did not indicate the frequency. As such, the request is not medically necessary.

Nortriptyline 10mg, #30 (with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Tricyclic Page(s): 15.

Decision rationale: The request for nortriptyline 10 mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines indicate that tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation, as well as those patients with epilepsy. For patients that are greater than 40 years old, a screening Electrocardiography (ECG) is recommended prior to initiation of therapy. The injured worker is a 72-year-old female

and the documentation lacked the electrocardiogram prior to the initiation of therapy. The request did not indicate a frequency. As such, the request is not medically necessary.

Voltaren 1% topical gel, 100gm tube, #2 (with 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Diclofenac Page(s): 111; 71.

Decision rationale: The request for Voltaren 1% topical gel, 100 g #2 with no refills is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The clinical notes did not indicate that the injured worker had a diagnosis of osteoarthritis to the joints. The request did not indicate frequency. As such, the request is not medically necessary.