

Case Number:	CM13-0025846		
Date Assigned:	11/20/2013	Date of Injury:	08/23/2012
Decision Date:	07/25/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice, and is licensed to practice in Georgia and Texas. 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 36-year-old male with a date of injury of 8/23/12. The injury occurred when a shelving unit fell, striking the injured worker on the left shoulder and neck. The injured worker presented with left shoulder pain rated at 8/10, and neck pain rated at 6/10. On physical examination, the injured worker's cervical spine presented with tenderness in cervical paraspinals, dorsal scapular muscle and pectorals. The left shoulder range of motion revealed flexion to 140 degrees, abduction to 115 degrees, external rotation to 55 degrees, and internal rotation to 60 degrees. The right shoulder range of motion revealed flexion to 175 degrees, abduction to 107 degrees, external rotation to 75 degrees, and internal rotation to 70 degrees. In addition, the injured worker's left shoulder was positive for impingement. The x-rays of the left shoulder revealed AC joint disrupted with upward elevation of clavicle; the official x-rays were not provided within the documentation available for review. According to the clinical documentation submitted for review, the injured worker previously participated in physical therapy, but was not compliant. The injured worker's diagnoses included chronic left shoulder pain, grade 2 to 3 left AC joint separation, and neck pain. The injured worker's medication regimen included Flexeril, Motrin, Ultram, Elavil, and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend amitriptyline (Elavil). Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. In addition, the guidelines recommend antidepressants for chronic pain. Analgesia generally occurs within a few days to a weeks, whereas antidepressant effects take longer to occur. Assessment of treatment effectiveness should include not only pain outcomes, but an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least four weeks. The optimal duration of treatment is not known because most of the blind trials have been of short duration. According to the clinical documentation provided for review, the injured worker has utilized Elavil prior to 7/10/13. The clinical information lacks documentation related to pain outcomes, evaluation of function, change in use of other analgesic medication, sleep quality and duration, and psychological assessment. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request is not medically necessary.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. According to the clinical documentation provided for review, the injured worker has utilized Flexeril prior to 10/12/12. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing utilization of Flexeril. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request is not medically necessary.