

Case Number:	CM14-0007276		
Date Assigned:	02/12/2014	Date of Injury:	07/08/2004
Decision Date:	07/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain and chronic pain syndrome reportedly associated with an industrial injury of July 8, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; adjuvant medications; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 19, 2013, the claims administrator partially certified Norco and Morphine, for tapering purposes, and denied amitriptyline outright. The claims administrator stated that the attending provider has not established any evidence of functional improvement or lasting benefit with ongoing usage of the medications in question. In a handwritten November 12, 2013 progress note, the applicant was described as reporting ongoing shoulder pain and tenderness was noted about the arm. The applicant was apparently given refills of Norco, MS Contin, amitriptyline, and Soma. The applicant's work status was not provided. In another handwritten note of January 28, 2014, the applicant was described as having ongoing complaints of severe shoulder pain, worsened with cold weather. The attending provider stated that the applicant was benefiting from medications, but did not elaborate upon the same. Norco, MS Contin, amitriptyline, and Soma were again refilled. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status has not been provided. There is no discussion of any specific improvements in function achieved through ongoing Norco usage. The attending provider's progress notes seemingly suggested that the applicant's pain complaints are heightened, as opposed to reduced, despite ongoing Norco usage. Therefore, the request for Norco 10/325 QID is not medically necessary and appropriate.

MS CONTIN 60MG BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status has not been provided. The applicant's pain complaints appeared to be heightened, as opposed to reduced, despite ongoing MS Contin usage. There is no evidence of any concrete improvements in function tied to ongoing MS Contin usage. Therefore, the request is not medically necessary.

AMITRIPTYLINE 25MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN,.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines 1. MTUS pages 13, Amitriptyline topic.2. MTUS page 7 Page(s): 13;7.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline is recommended in the chronic pain context reportedly present here, this recommendation is qualified by comments made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the MTUS-adopted ACOEM Guidelines, both of which states that an attending provider should incorporate some discussion of

medication efficacy into his source of recommendations. In this case, however, the attending provider has not incorporated any discussion of medication efficacy into his decision to continue amitriptyline. The applicant's work status, functional status, and response to ongoing treatment have not been clearly detailed or documented. Therefore, the request for Amitriptyline 25mg BID is not medically necessary and appropriate.