

Case Number:	CM14-0111956		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2005
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old gentleman was reportedly injured on August 30, 2005. The mechanism of injury is listed as lifting machine parts. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of left shoulder pain as well as snapping, popping, and weakness. The physical examination demonstrated range of motion of the left shoulder limited to 90 of abduction, 100 of forward flexion, 35 of external rotation, and 60 of internal rotation. Recent diagnostic imaging studies were not reviewed during this visit. Previous treatment includes six left shoulder surgeries, physical therapy, and aquatic therapy. A request had been made for amitriptyline and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 50mg, #30 refills: 0, 30-day supply for the management of chronic pain related to for symptoms related to left shoulder injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill 2006; Physician's Desk Reference, 68th ed; www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg-twc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference,

www.empr.com; Opioid Dose Calculator; AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15 of 127..

Decision rationale: The California MTUS Guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment of neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication however the progress note dated May 5, 2014, does not indicate that the injured employee has neuropathic pain. As such, this request for amitriptyline is not medically necessary.