

Case Number:	CM14-0128587		
Date Assigned:	08/18/2014	Date of Injury:	03/12/2011
Decision Date:	10/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain 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 injured worker is a 33-year-old female with an original date of injury of March 12, 2011. The mechanism of injury occurred while squeezing icing tubes. The injured worker's diagnoses include chronic neck pain, cervical radiculitis, right shoulder pain, and a history of carpal tunnel release in May 2013. Electrodiagnostic studies performed on January 30, 2014 showed normal electromyography. The patient is noted to be on Norco, elbow, and Voltaren extended release, as per a progress note on May 22nd 2014. The disputed issue is a request for Elavil 10 mg with 5 refills and a quantity of 60 pills per month. This was modified in a utilization review to only allow 2 refills for the same quantity 60 pills. The rationale for this modification was to ensure medication "compliance and efficacy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Elvavil 10mg #60 w/5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant treatment for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Section Page(s): 13-17.

Decision rationale: The disputed issue is a request for Elavil 10 mg with 5 refills and a quantity of 60 pills per month. This was modified in a utilization review to only allow 2 refills for the same quantity 60 pills. The rationale for this modification was to ensure medication "compliance and efficacy." In the case of this injured worker, there is no argument that the patient has neuropathic pain from sources such as carpal tunnel syndrome and possible cervical radiculitis. The issue is whether a 6 month supply should be allowed or whether a 3 month supply should be made available. Since the patient is on controlled substances, more frequent monitoring of Elavil is appropriate. The efficacy and side effect profile of this drug should be assessed routinely. I am in agreement with the utilization review modification. The original request of 6 months of Elavil (60 pills plus five refills) is not medically necessary.