

Case Number:	CM14-0158578		
Date Assigned:	10/02/2014	Date of Injury:	12/31/1992
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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 Geriatrics and is licensed to practice in New York. 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 50 year old woman with a date of injury of 12/31/92. She was seen by her physician on 7/21/14 for a record review. The most recent provider notes in the records was from her primary treating orthopedic evaluation on 3/13/14. She had complaints of daily throbbing headaches, neck pain, back pain, wrist pain, elbow pain, knee pain, shoulder pain and ankle pain. She had anxiety and depression. Her exam showed limitations in range of motion of her cervical spine with no tenderness or spasm of the trapezius muscles. She had normal passive range of motion of her shoulders. She had a negative Tinel's sign at the ulnar groove and tenderness at the right medial epicondyle. She had reduced wrist range of motion with a positive Phalen's test on the right. She walked with a normal gait and had tenderness of the erector spine mass muscles bilaterally. She had reduced knee and ankle range of motion. Her diagnoses included myoligamentous strain of cervical, thoracic and lumbar spine, inflammatory process of shoulders, wrists and knees and status post bilateral ankle surgery. At issue in this review are the prescriptions for sonata, Butrans and Elavil. Prior length of therapy is not documented in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10 MG 1 HS #30 (Sedative, Hypnotic): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia

Decision rationale: This 50 year old injured worker has chronic joint and spine pain with an injury sustained in 1992. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. Regarding sonata, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. There is no documentation of a discussion of efficacy or side effects and the records do not support the medical necessity of sonata.

Butrans 20 MCG 1 Patch Every 7 Days #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This 50 year old injured worker has chronic joint and spine pain with an injury sustained in 1992. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of Butrans patch is not medically substantiated.

Elavil 25 MG 1 HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

Decision rationale: This 50 year old injured worker has chronic joint and spine pain with an injury sustained in 1992. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. Elavil is a tricyclic antidepressant which is used as a first-line option, especially if pain is accompanied

by insomnia, anxiety, or depression. This injured worker has a history of depression but no documented diagnosis or physical exam evidence of neuropathic pain or why she requires this medication in addition to opioids. The records do not support the medical necessity of Elavil.