

<b>Case Number:</b>	CM14-0040780		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Family 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:

This is a 46 year old female patient who reported an industrial injury on 5/10/2012, 2 years ago, attributed to the performance of her customary job tasks. The patient has received conservative care. The patient was recently treated with PT. The patient complained of neck pain, left wrist pain, low back pain, right knee pain; shoulder pain with painful trapezius. The patient was reported to be a candidate for arthroscopy to the right knee. The objective findings on examination included spasms and tenderness over the cervical spine bilaterally; positive shoulder depression test bilaterally; pain with restricted range of motion to the shoulders; decreased motor strength of the left upper extremity." The patient was recommended to continue acupuncture treatments and follow up with psychiatrist for treatment. The patient was assessed as TTD. The patient was prescribed naproxen 550 mg #60 and amitriptyline 25 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective use of Naproxen Sodium (DOS 1/8/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS ( NON STEROIDAL ANTI INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The use of Anaprox/Naproxen 550 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Naproxen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen 550 mg #60 is not medically necessary retrospectively.

**Retrospective use of Amitriptyline (DOS 1-8-14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressant for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain.

**Decision rationale:** The prescription of the antidepressant Elavil or Amitriptyline for the treatment of chronic pain is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of amitriptyline mg as a first line treatment for neuropathic pain. The patient has not been substantiated to have depression secondary to the cited mechanism of injury. There is no documentation that there is any depression related to the industrial injury and the patient has not received any psychiatric treatment for a depression disorder. There is no clinical documentation that this depression was aggravated by the cited mechanism of injury. The provider has not documented any functional improvement with the prescription of amitriptyline. There is no documentation to support the medical necessity of the prescribed Amitriptyline for an unspecified does for the effects of the industrial injury. The prescription of Amitriptyline is continued for the diagnosis of chronic pain without objective evidence to support medical necessity. The objective findings on examination do not support the subjective complaints. There is no demonstrated medical necessity for more than OTC analgesics. There is no demonstrated medical necessity for the prescription of amitriptyline retrospectively; as such this request is not medically necessary.

**Naproxen Sodium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS ( non steroidal anti inflammatory drugs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

**Decision rationale:** The use of Anaprox/Naproxen 550 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Naproxen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen 550 mg #60 is not medically necessary.

**Amitriptyline:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressant For Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain.

**Decision rationale:** The prescription of the antidepressant Elavil or Amitriptyline for the treatment of chronic pain is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of amitriptyline mg as a first line treatment for neuropathic pain. The patient has not been substantiated to have depression secondary to the cited mechanism of injury. There is no documentation that there is any depression related to the industrial injury and the patient has not received any psychiatric treatment for a depression disorder. There is no clinical documentation that this depression was aggravated by the cited mechanism of injury. The provider has not documented any functional improvement with the prescription of amitriptyline. There is no documentation to support the medical necessity of the prescribed Amitriptyline for an unspecified does for the effects of the industrial injury. The prescription of Amitriptyline is continued for the diagnosis of chronic pain without objective evidence to support medical necessity. The objective findings on examination do not support the subjective complaints. There is no demonstrated medical necessity for more than OTC analgesics. Therefore the prescription of amitriptyline is not medically necessary.