

Case Number:	CM14-0044749		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2012
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Orthopedic Surgery 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 claimant is a 45-year-old female injured in a March 2, 2012, work-related accident. The PR2 dated February 21, 2014, states that the claimant reports continued complaints of pain to the shoulder and neck, as well as underlying carpal tunnel syndrome. Documentation of physical examination shows no acute clinical findings. The claimant is noted to be status post a prior surgical arthroscopy and rotator cuff repair, dated December 2012. There is also documentation of a January 22, 2014, surgical arthroscopy, subacromial decompression and release of arthrofibrotic tissue. This request is for continuation of medications to include Elavil and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13, 15.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the continuation of Elavil would be indicated. According to the Chronic Pain Guidelines, Elavil is recommended as

a first-line agent for chronic pain, unless they are ineffective, poorly tolerated or contraindicated. Following the January 2014 surgery, the claimant appears to be taking only Elavil and Tramadol. Given the chronic nature of her pain, the continued use of Elavil would be medically supported.

Tramadol 50mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Tramadol (Ultram) Page(s): 91-94; 75; 80-84.

Decision rationale: California MTUS Chronic Pain Guidelines would support the continued use of Tramadol in this case. At time of the request, the claimant was three weeks status post shoulder arthroscopy, subacromial decompression and arthrofibrosis release. The use of this non-narcotic analgesic so proximal to the post-operative period would be supported as medically necessary.