

Case Number:	CM14-0186947		
Date Assigned:	11/17/2014	Date of Injury:	10/15/2003
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a female patient with a date of injury of October 15, 2003. A utilization review determination dated October 28, 2014 recommends non-certification of Elavil 75 mg #45. A progress note dated October 13, 2014 identifies subjective complaints of continued left upper extremity coldness and hypersensitivity. The patient's pain level is a 7 on a scale of 0-10. The patient describes her pain as being moderate, constant, dull, sharp, with weakness, achiness, and soreness. The patient states that Elavil improves her sleep pattern. The physical examination of the left upper extremity reveals hypersensitivity with light touch, and skin is very cool to touch. The examination of the left shoulder identifies decreased range of motion with increased pain in all planes, positive crepitus, positive impingement sign, and positive drop arm test. The diagnoses include status post left shoulder scope, left wrist possible TFCC, cervical spine sprain/strain, left upper extremity Complex Regional Pain Syndrome (CRPS), and the remaining diagnoses are illegible. The treatment plan recommends awaiting IMR regarding cognitive behavioral therapy, awaiting MRI report of the left brachial plexus and left upper extremity, continuation of home exercise program, and prescription refill for Elavil 75 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 75mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for Elavil 75mg #45, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is no identification that the Elavil provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement other than improvement of sleep pattern, or improvement in psychological well-being. Additionally, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Elavil treatment. In the absence of clarity regarding those issues, the currently requested Elavil 75mg #45 is not medically necessary.