

<b>Case Number:</b>	CM14-0207971		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Practice, and is licensed to practice in New Jersey. 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 worker is a 56 year old female who was injured on 4/5/2011 involving her shoulder. She was diagnosed with displacement of cervical disc without myelopathy, shoulder joint pain, elbow joint pain, and cervicalgia. She was treated with medications, cervical epidural injection, and physical therapy. On 12/2/14, the worker was seen by her pain management physician reporting having failed Ambien (too much sedation) for her insomnia related to her pain, and also failed melatonin, which was not effective. She reported Norco use allowed her to continue to be physically active and exercises taught to her by her physical therapist regularly at the gym. She also reported that these exercises significantly reduce her pain as well as alleviates her depression. However, she continued to have difficulty with driving and talking on the phone due to her left arm numbness with motion. Her reported pain level that day was 7/10 on the pain scale, partially related to her left wrist pain with the colder weather. She reported not working due to her employer not offering modified work hours, but she felt that she could work 4 hours per day. She was then recommended to trial Amitriptyline for her insomnia and continues her Norco until left shoulder surgery was performed, which was recently approved through court on 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Norco tablet 10/325mg, #90 Length of Supply: 30days, for cervical spine, left elbow, and left shoulder:** Overturned

**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 Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. It appears that there is sufficient evidence of this review being performed regarding the Norco use, and in particular it allowing the worker to be able to exercise more, further reducing her pain. In the opinion of the reviewer, continued use of Norco (up to three times per day as needed for pain) until surgery of the left shoulder is performed is a reasonable request and medically necessary.

**Amitriptyline 25mg tablet, #30, Length of Supply: 30 days for cervical spine, left elbow, and left shoulder:** Overturned

**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 Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, Amitriptyline was suggested for trial for the purpose of helping the worker sleep better, which is a reasonable request, considering other therapies have failed and also considering the worker has depression. Therefore, the Amitriptyline is medically necessary for this trial period.