

<b>Case Number:</b>	CM14-0209850		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/15/2004
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 42-year-old male with date of injury of 10/15/2004. The medical file provided for review includes one supplemental report dated 11/27/2013 and 7 work status reports dating from 05/23/2014 through 12/01/2014. According to the supplemental report dated 11/27/2013, the patient remains to be symptomatic. According to the treating physician, after reviewing patient's medical history, it is indicated to provide the patient with refill of Elavil 20 mg 1-2 tablets, Celebrex 200 mg daily, ranitidine 150 mg b.i.d., and Voltaren gel applied to the arm b.i.d. According to the utilization review, the patient has been treated for left shoulder pain and is currently on modified duty. Objective findings from indicated that the patient's arm pain was rated as 9/10. This is the extent of the physical examination. The listed diagnosis is sprain of shoulder/arm NOS. There is limited information provided about this patient in the medical file provided for review. The utilization review indicates that medications have not been non-certified in the past due to lack of documentation to show improvement in patient's pain levels and function with the use of current medications. This is a request for Elavil 75 mg, Ambien 1 mg, Norco 10/325 mg, and naproxen 550 mg. The utilization review denied the request on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixty Elavil 75 mg between 11/13/2014 and 1/20/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with chronic left shoulder pain. The current request is for #60 Elavil 75 mg between 11/13/2014 and 01/20/2015. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines section Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, the treating physician has provided no rationale regarding the medical necessity of this medication. There is no concern of sleep difficulties from pain or coexisting diagnosis of depression. The requested Elavil is not medically necessary.

**Thirty Ambien 1mg between 11/13/2014 and 1/20/2015: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, zolpidem (Ambien)

**Decision rationale:** This patient presents with chronic left shoulder pain. The current request is for #30 Ambien 1 mg between 11/13/2014 and 01/20/2015. The MTUS and ACOEM Guidelines do not address Ambien (zolpidem); however, ODG Guidelines under the mental illness and stress chapter regarding zolpidem (Ambien) states, "zolpidem (Ambien generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days)." In this case, the current request is for #30 Ambien 1 mg between 11/13/2014 and 01/20/2015 and review of the medical file indicates the patient has been taking Ambien as early as 2013. The patient has been prescribed Ambien for chronic insomnia, and ODG only supports short-term usage. The requested Ambien is not medically necessary.

**Sixty Norco 10/325mg between 11/13/2014 and 1/20/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

**Decision rationale:** This patient presents with chronic left shoulder pain. The current request is for 60 Norco 10/325 mg between 11/13/2014 and 01/20/2015. For chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco as early as 11/27/2013. The medical file provided for review is limited in its discussion regarding medications. Recommendation for further use of Norco cannot be supported as the treating physician has provided no discussion regarding functional improvement, changes in ADL or significant functional improvement with taking chronic opioid. The medical file provided for review includes no urine drug screens or CURES report or any discussion of possible aberrant behaviors. In addition, adverse side effects are not addressed. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested Norco is not medically.

**Sixty Naproxen 550mg between 11/13/2014 and 1/20/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; medications for chronic pain Page(s): 22; 60.

**Decision rationale:** This patient presents with chronic left shoulder pain. The current request is for 60 naproxen 550 mg between 11/13/2014 and 01/20/2015. MTUS Guidelines page 22 on anti-inflammatory medications states that "antiinflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the patient has been utilizing naproxen as early as 11/27/2013. Recommendation for further use cannot be supported as the medical records do not provide any discussion regarding this medication's efficacy. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must be noted when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested naproxen is not medically necessary.