

Case Number:	CM15-0009770		
Date Assigned:	01/27/2015	Date of Injury:	05/10/1996
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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: Family Practice

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 injured worker is a 19-year-old female who reported an injury on an unspecified date due to an unspecified mechanism of injury. On 01/23/2015, she presented for a followup evaluation regarding her work related injury. She stated that her pain had been worse with changes in the weather and occurred over the lateral surface of the right shoulder. She rated her pain without medications at a 10/10 and with medications a 5/10 to 6/10. A physical examination showed right shoulder flexion was at 140 degrees and abduction at 140 degrees and done with significant pain. The right upper extremity strength was 4/5 and the rest was 5/5. She had a positive moderate to severe tenderness throughout the right upper arm and lateral arm and click in the right shoulder with movement. She was diagnosed with pain in the joint of the forearm, hand, and pain in soft tissues of the limb. Her medication included Butrans patches 20 mcg per hour, 1 patch for 7 days, Vicodin 5/300 mg 1 by mouth every 8 hours, Amrix 15 mg 1 to 2 at bedtime, and Elavil and gabapentin 300 mg by mouth twice a day and 2 tablets at bedtime. The rationale for treatment was to continue treating the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): 122.

Decision rationale: The California MTUS Guidelines indicate that tricyclic antidepressants are the first line therapy medication for neuropathic pain. The documentation provided does not indicate that the injured worker was suffering from neuropathic pain to support the request for Elavil. Also, her response to this medication in terms of pain relief and functional improvement was not stated. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Amrix 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that non-sedating muscle relaxants are recommended for the short term treatment of low back pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the shoulder. There is a lack of documentation indicating that she had reported low back pain to support the request. Also, there is a lack of documentation regarding her response to this medication in terms of pain relief and an objective improvement in function and the duration of use was not stated. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Butrans 20mcg for 4 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS Guidelines indicate that Butrans patches are recommended for the treatment of opioid addiction and as an option for chronic pain after detoxification in those who have a history of opioid addiction. The documentation provided does not indicate that the injured worker had a history of opioid addiction, was being treated for opioid addiction, or could not tolerate oral opioids to support the request. Also, official urine drug screens or CURES reports were not provided for review to validate her compliance with her medication regimen. In addition, a quantitative decrease in pain and objective improvement in function was not documented. Furthermore, the frequency of the medication was not stated

within the request. Therefore, the request is not supported. As such, the request is not medically necessary.