

Case Number:	CM15-0101116		
Date Assigned:	06/03/2015	Date of Injury:	04/15/2014
Decision Date:	07/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 4/15/14. He reported a right shoulder injury. The injured worker was diagnosed as having status post massive left rotator cuff repair, rule out rotator cuff repair, rule out cervical radiculopathy on left, lumbar radiculopathy and depression. Treatment to date has included right shoulder surgery, physical therapy, oral medications and activity restrictions. (CT) computerized tomography scan of head was read as normal. Currently, the injured worker complains of right shoulder pain, left shoulder pain, lower back pain, neck pain and bilateral hand pain. Physical exam noted limited range of motion of right and left shoulder and tenderness in bilateral forearms and right wrist. The treatment plan included prescriptions for Elavil 10mg #100, Tylenol 500mg #150 and Motrin 400mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg #100 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 13, 47.

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

Decision rationale: MTUS recommends Tricyclic anti-depressants unless they are ineffective or poorly tolerated. An initial physician review noted that there was no documentation of effectiveness; however treatment notes discuss improved sleep and benefit from this medication for breakthrough pain. The guidelines have been met; this request is medically necessary.