

Case Number:	CM15-0141512		
Date Assigned:	07/31/2015	Date of Injury:	05/11/2012
Decision Date:	08/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (n) 24-year-old male, who sustained an industrial injury on 5-11-12. He reported pain in the neck, bilateral upper extremities and headaches. The injured worker was diagnosed as having headaches, cervical radiculopathy, left shoulder strain and left rotator cuff syndrome. Treatment to date has included Omeprazole, Xanax, Terocin patch, Robaxin, Amitriptyline and a left shoulder MRI on 4-23-15. As of the PR2 dated 5-15-15, the injured worker reports constant headaches and neck pain that radiated to the bilateral upper extremities. He rates his pain a 6 out of 10 with medications and a 9 out of 10 without medications. Objective findings include cervical flexion 40 degrees, extension 45 degrees, left shoulder flexion 130 degrees, extension 25 degrees and thoracic flexion 40 degrees and extension 25 degrees. The treating physician requested an internal medicine consult for nausea and Amitriptyline 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for nausea: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2012 with headaches, cervical radiculopathy, left shoulder strain and left rotator cuff syndrome. Treatment to date has included Omeprazole, Xanax, Terocin patches, Robaxin, Amitriptyline and a left shoulder MRI on 4-23-15. As of the PR2 dated 5-15-15, the injured worker reports constant headaches and neck pain that radiated to the bilateral upper extremities. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, it is not clear why a specialist is needed to assess nausea. Further, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

Amitriptyline 50mg #30 no refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured in 2012 with headaches, cervical radiculopathy, left shoulder strain and left rotator cuff syndrome. Treatment to date has included Omeprazole, Xanax, Terocin patches, Robaxin, Amitriptyline and a left shoulder MRI on 4-23-15. As of the PR2 dated 5-15-15, the injured worker reports constant headaches and neck pain that radiated to the bilateral upper extremities. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.