

<b>Case Number:</b>	CM15-0163508		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: 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:

This injured worker is a 54 year old male who reported an industrial injury on 11-5-2011. His diagnoses, and or impressions, were noted to include: neck pain with cervical foraminal stenosis and disc protrusion and encroachment; left shoulder pain, left rotator cuff repair (1-26-12), and manipulation (9-4-13); right shoulder pain; and left biceps repair (2-24-12). No current imaging studies were noted. His treatments were noted to include: consultations; diagnostic studies; medication management; and modified work duties. The progress notes of 7-9-2015 reported ongoing evaluation of neck, shoulder and left arm pain; blood clots in his legs with a history of pulmonary embolism; decreased kidney function; that his medications continue to decrease his pain from severe to mild; and that he was in need of new prescriptions for Amitriptyline and Lidoderm patches. Objective findings were noted to include tenderness to the cervical para-spinal muscles that were with significant limited range-of-motion. The physician's requests for treatments were noted to include Elavil (amitriptyline) and Lidoderm Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 10mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** Per Guidelines, 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this chronic injury with continued pain complaints. Report has noted the patient with complaints of persistent pain taking chronic medications without demonstrated specific functional improvement in terms of increased ADLs, decreased medication profile and medical utilization for this chronic 2011 injury. The Elavil 10mg #60 with 3 refills is not medically necessary and appropriate.

**Lidoderm Patches #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm Patches #30 with 3 refills is not medically necessary and appropriate.