

Case Number:	CM15-0185359		
Date Assigned:	09/25/2015	Date of Injury:	10/14/2010
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54-year-old female who sustained an industrial injury on 10-14-10. A review of the medical records indicates she is undergoing treatment for right wrist tendinitis, de Quervain's tenosynovitis, carpal tunnel syndrome, right trigger thumb, and left rotator cuff tendinitis and impingement syndrome. Medical records (8-19-15 to 8-31-15) indicate that the injured worker's subjective complaints are the "same" (8-31-15). The physical exam reveals "no changes" in the thumb and indicates "remains with shaking of the thumb when she tries to flex the IP joint" (8-31-15). The 8-19-15 exam reveals tenderness to palpation over the flexor and extensor compartment, carpal canal, and first dorsal compartment on the right wrist examination. The report states "there is a positive Tinel's, Median nerve compression, and Phalen's sign". The right thumb is noted to have tenderness to palpation over the A1 pulley. Triggering is noted, as well as "moderate" limitation of motion. Diagnostic studies are not included in the provided records. Activities of daily living are not addressed in the provided records. Treatment has included medications. A request for consultation with a neurologist is recommended. The request for authorization (8-2-15) includes consultation with a neurologist and Elavil 10mg #30. The utilization review (9-2-15) indicates denial of both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office consultation with Neurologist Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested consultation with a neurologist. Importantly, the treatment notes do not detail what medications and symptoms are to be evaluated and treated. As such, the request for Office consultation with Neurologist Qty 1 is not medically necessary at this time.

Elavil 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's.

Decision rationale: MTUS states that "Amitriptyline is a tricyclic anti-depressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "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. Side-effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side-effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The

lowest effective dose should be used (Dworkin, 2007)." The treating physician has not provided documentation of improved pain control, improved function and/or sleep quality with the use of Elavil as outlined in the guidelines above. As such, the request for Elavil 10mg #30 is not medically necessary.