

Case Number:	CM15-0036312		
Date Assigned:	03/04/2015	Date of Injury:	05/16/2011
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 05/16/2011. The injured worker reportedly slipped at work on an outstretched right hand and subsequently experienced right upper limb and neck pain. The current diagnoses include RSD of the upper extremity, status post arthroscopic surgery, myalgia/myositis, rotator cuff tear, bicipital tenosynovitis, depression/anxiety, chronic pain involving a joint of the hand, chronic pain involving a joint of the shoulder region, and chronic pain due to trauma. The injured worker presented on 10/23/2014 for a follow-up evaluation. It is noted that the injured worker is status post a right shoulder rotator cuff repair on 07/03/2014. Additional conservative treatment includes stellate ganglion blocks and trigger point injections. The current medication regimen includes Wellbutrin XL, lidocaine 5% patch, alprazolam, glucosamine, Tylenol, multivitamins, Ambien 10 mg, amitriptyline 25 mg, Voltaren 1% topical gel, oxycodone, baclofen, and Relafen. Upon examination, there was tenderness present at the right shoulder with crepitus, positive cross body test, significant allodynia and hyperalgesia in the right upper extremity, diaphoresis on the right, 90 degree flexion, 90 degree external rotation, and intact sensation. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.