

Case Number:	CM15-0039024		
Date Assigned:	03/09/2015	Date of Injury:	08/30/2012
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

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

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 40-year-old male who sustained an industrial injury on August 30, 2012. He reported suffering a work related injury while transporting a refrigerator. The injured worker was diagnosed as having left shoulder adhesive capsulitis, left shoulder pain, left rotator cuff tear, left wrist pain, and right DeQuervain's syndrome. Treatment to date has included diagnostic studies, cortisone injection, physical therapy, and medications. On December 3, 2014, the injured worker complained of persistent left knee, left shoulder and left wrist pain. His left knee pain is worse with standing and walking is associated with a tired feeling in the leg. His left shoulder pain is associated with intermittent popping. He has a cold and swollen feeling in the left shoulder, radiating to the left upper extremity, and there is also persistent tingling and numbness in the left upper extremity. He feels that he is very limited with activities. The treatment plan consisted of medications, a request for an orthopedic consultation for evaluation of left rotator cuff tear, and a request for an MRI of the left wrist. On January 29, 2015, Utilization Review non-certified amitriptyline 25 mg #60 plus 3 refills, Effexor XR 75 mg #30 plus 3 refills, naproxen sodium 550 mg #60, and MRI left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #60 plus 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Per the cited MTUS guidelines, amitriptyline is generally considered a first-line agent for chronic pain, and in particular for neuropathic pain, unless it is ineffective, poorly tolerated, or contraindicated. Although the documentation is sparse concerning objective functional gains, it is clear from the records that the injured worker has had some subjective functional improvement, and has been able to perform activities of daily living. In addition, the medical records indicate that he is tolerating amitriptyline for chronic pain and has had a reduction in symptoms. Based on the treating physician's notes and the cited guidelines, amitriptyline 25 mg #60 with 3 refills is medically necessary and appropriate. For future reference, I would recommend clearer documentation concerning pain scale scores and objective functional improvement.

Effexor XR 75mg #30 plus 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Per the cited MTUS guidelines, antidepressants are recommended as a first-line treatment for chronic pain, and in particular for neuropathic pain. They are also recommended as an option in depressed patients for non-neuropathic pain. Selective serotonin and norepinephrine reuptake inhibitors (SNRIs), such as Effexor XR, are FDA-approved for use in depression and for off-label use in neuropathic pain. Although the documentation is sparse concerning objective functional gains, it is clear from the records, that the injured worker has had some subjective functional improvement, and has been able to perform activities of daily living. In addition, the medical records indicate that he is tolerating Effexor XR, and he has had a reduction in chronic pain and depressive symptoms. Based on the treating physician's notes and the cited guidelines, Effexor XR 75 mg #30 plus 3 refills is medically necessary and appropriate. For future reference, I would recommend clearer documentation concerning pain scale scores and objective functional improvement.

Naproxen Sodium 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. According to sparse documentation in recent treating physicians' notes, the injured worker has had improved subjective function, decreased pain, and has been able to maintain activities of daily living. Based on the available information and cited guidelines, the request for naproxen sodium 550 mg #60 is medically necessary and appropriate. For future reference, I would recommend clearer documentation concerning pain scale scores and objective functional improvement.

MRI left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI½ (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, special studies for the forearm, wrist, and hand are not needed, unless there are red flags, or until after a four- to six-week period of conservative care with observation. Based on the available treating physician's notes for the injured worker (IW), there are no red flags present, but his pain and exam findings have persisted greater than six weeks. However, it is unclear from the treating physicians' notes when the pain started and what treatment modalities have been used for his wrist pain. Additional guidelines, from the ODG, state that MRI has been advocated for IWs with chronic wrist pain, and it may be diagnostic in patients with triangular fibrocartilage (TFC) injuries. Recent notes from the Qualified Medical Examiner, on 2/26/2015, state concern for TFC injury based on history and exam findings. Based on the available medical documentation and guidelines cited, the request for MRI left wrist is medically necessary.