

Case Number:	CM15-0081718		
Date Assigned:	05/04/2015	Date of Injury:	03/01/2003
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

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 60 year old male, who sustained an industrial/work injury on 3/1/03. He reported initial complaints of neck and upper extremity pain. The injured worker was diagnosed as having chronic pain syndrome, insomnia, dyshidrosis, enthesopathy of elbow region, other afflictions of shoulder region, not classified, and neuropathic pain. Treatment to date has included medication and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of chronic neck and bilateral upper extremity pain that remains about the same. The transcutaneous electrical nerve stimulation (TENS) unit helps with the flare-ups. The pain is described as aching and rates it 8/10 without medication and 2/10 with medication. Per the primary physician's progress report (PR-2) on 4/13/15, examination revealed increased pain with abduction and internal rotation of shoulders, minimal tenderness in the paraspinal muscles. The requested treatments include Norco and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. When seen, he was having neck and bilateral upper extremity pain. He was performing a home exercise program 3-4 days per week. He was using medications and TENS with improved functional activities. Medications are referenced as decreasing pain from 8/10 to 2/10. Norco was being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Amitriptyline was being taken for neuropathic pain has also been helpful in terms of depression. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing substantial pain relief and facilitating functional activities. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Elavil 25 mg Qty 60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. When seen, he was having neck and bilateral upper extremity pain. He was performing a home exercise program 3-4 days per week. He was using medications and TENS with improved functional activities. Medications are referenced as decreasing pain from 8/10 to 2/10. Norco was being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Elavil was being taken for neuropathic pain has also been helpful in terms of depression. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. Although usual dosing is up to 100 mg/day, dosages of 150 mg per day can be considered. In this case, the requested Elavil was medically necessary.