

Case Number:	CM15-0085332		
Date Assigned:	05/07/2015	Date of Injury:	02/17/2009
Decision Date:	07/30/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This 45 year old man sustained an industrial injury on 2/17/2009. The mechanism of injury is not detailed. Diagnoses include status post shoulder surgery, chronic pain syndrome, right carpal tunnel syndrome, and depression. Treatment has included oral medications, surgical intervention, home exercise program, and use of resting hand brace. Physician notes dated 3/2/2015 show complaints of right shoulder pain rated 3/10. Recommendations include continue Elavil and Etodolac, laboratory testing, continue home exercise program, continue use of resting hand brace, and follow up in three to four months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg quantity 60 with three refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has a remote history of a work-related injury and continues to be treated for chronic right shoulder pain. The claimant is working and medications are referenced as decreasing pain by 50%. When seen, there was decreased shoulder range of motion with positive impingement testing and decreased strength. There was right upper extremity hyperesthesia. The claimant's BMI was over 35. 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. Usual dosing is up to 100 mg/day. In this case, the dose being prescribed is consistent with that recommended and was medically necessary.

Etodolac 400mg quantity 60 with three refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic right shoulder pain. The claimant is working and medications are referenced as decreasing pain by 50%. When seen, there was decreased shoulder range of motion with positive impingement testing and decreased strength. There was right upper extremity hyperesthesia. The claimant's BMI was over 35. Guidelines recommend the use of NSAID (non-steroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain. Dosing of Etodolac includes the requested 400 mg two times per day. The request was medically necessary.