

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0085442 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 05/06/2013 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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

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 36-year-old male, who sustained an industrial injury on 05/06/2013. He has reported subsequent bilateral shoulder pain and was diagnosed with bilateral rotator cuff injury and adhesive capsulitis of the right shoulder. Treatment to date has included oral pain medication, corticosteroid injection, home exercise program and surgery. In a progress note dated 02/04/2015, the injured worker complained of pain in the lateral aspect of the right shoulder. Objective findings were notable for moderate tenderness to palpation in the bilateral trapezius region, Hawkin's impingement sign on the right and left and tenderness to palpation over the lateral surface of the right shoulder and posterior aspect of the left shoulder. A request for authorization of Elavil was submitted for pain control. A progress report dated December 30, 2014 the states that the patient is unsure if Elavil is helping with pain, and recommends a dose increase. The progress report dated February 4, 2015 recommends the same increase, but does not talk about whether the increase in December improve the patient's pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Elavil (amitriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Elavil provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested elavil is not medically necessary.