

Case Number:	CM14-0185375		
Date Assigned:	11/13/2014	Date of Injury:	06/12/2007
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Arizona and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old female who reported an injury on 06/12/2007. The mechanism of injury was not specified. No treatments, diagnostics, or surgical history were submitted for review. Diagnoses included impingement syndrome, trigger thumb and medial epicondylitis. On 09/22/2014, the injured worker had continued complaints of pain to the left shoulder that was rated 4/10 on a verbal pain scale to the anterolateral aspect which was aggravated by activities and with limited mobility. Additionally, she had pain to both elbows at the medial aspect rated 3/10 on a verbal pain scale and to both wrists which were aggravated with use and activity with numbness of the hands. The injured worker had also indicated waking up with pain. Upon physical examination, both shoulders showed sensitivity and pain upon range of motion. Examination of both elbows and wrists showed sensitivity with range of motion. Medications included Tylenol, naproxen, and amitriptyline. The treatment plan included renewal of medications and home strengthening to both upper extremities with observation and reassurance work restrictions. The rationale for the requested naproxen 550 mg 1 tablet twice daily and Elavil 25 mg at bedtime was not provided within the documentation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 tablet PO BID #60 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-68.

Decision rationale: The request for Naproxen 550 mg 1 tablet twice daily #60 with 2 refills is not medically necessary. The California MTUS Guidelines indicate Naproxen is a nonsteroidal anti-inflammatory drug to be recommended at the lowest dose for the shortest period in patients with moderate to severe pain, although acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The injured worker has stated that pain on 09/22/2014 was rated between 3/10 and 5/10 on a verbal pain scale. The patient had been taking Tylenol. It is unclear as to whether or not Tylenol alone has not previously been beneficial to the patient as a first line therapy. There is no clear indication that the patient requires the addition of Naproxen to her regimen. Additionally, the documentation does not support that the current dosage for the patient is the lowest dose reasonable to address her pain sufficiently. The request for naproxen 550 mg 1 tablet twice daily #60 refills: 2 is not medically necessary.

Elavil 25mg at bedtime # 30 refill:2: Upheld

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

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

Decision rationale: The request for Elavil 25 mg at bedtime #30 refills: 2 is not medically necessary. CA MTUS states that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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. Also, the optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. However, the documentation submitted for review fails to address the efficacy of this medication, pain improvement outcome, improvement in function, changes in use of other analgesic medication, sleep quality and duration. As such, the request for Elavil 25 mg at bedtime #30 refills: 2 is not medically necessary.