

Case Number:	CM14-0218069		
Date Assigned:	01/07/2015	Date of Injury:	04/19/2002
Decision Date:	03/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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

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 74 year old male with a date of injury of April, 19, 2002. Results of the injury include left shoulder girdle muscle pain and regional myofascial pain. Diagnosis include Girdle pain, Myofascial pain, pain in the left arm, and complex regional pain syndrome. Treatment has included history of shoulder surgery, OxyContin, oxycodone, nortriptyline, and lidoderm patch. Magnetic Resonance Imaging (MRI) scan of the right shoulder dated September 7, 2005 revealed impingement secondary to AC degeneration. Tear of distal supraspinatus tendon. Degenerative changes of the AC joint. Progress report dated November 20, 2014 showed cervical range of motion was restricted to 30% on all planes. Left shoulder lateral abduction to 90 degrees. Internal and external rotation was normal. Lumbar spine was noted as stable. Progress report dated February 18, 2014 noted the work status as permanent and stationary. The treatment plan included pain medication, heat, ice, rest, and exercise. Utilization review form dated December 24, 2014 non certified Elavil 25 mg # 30 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Drug Formulary, Amitriptyline

Decision rationale: The patient presents with pain and weakness in his left shoulder and left arm. The request is for ELAVIL 25mg #30. The patient is currently taking Oxycontin, Oxycodone and Nortriptyline. The patient has been utilizing Nortriptyline since at least 02/19/13. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. --Feuerstein, 1997---Perrot, 2006--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. --Saarto-Cochrane, 2005-- 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. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. ODG guidelines, Drug Formulary, specifically states "Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. ICSI, 2007". In this case, the patient has been taking Tricyclic Antidepressants for at least 22 months without documentation of efficacy. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. The request of Elavil 25mg IS NOT medically necessary.