

Case Number:	CM15-0119466		
Date Assigned:	06/29/2015	Date of Injury:	04/01/2012
Decision Date:	08/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 42 year old female, who sustained an industrial injury on 04/01/2012. According to an agreed medical examiner's report dated 03/04/2015, the date of injury was on 03/31/2012. The injured worker heard a pop in her neck and right shoulder when she lifted a 36 pack of bottled water weighing approximately 20 pounds. She was diagnosed with possible thoracic outlet syndrome and wrist pain. She was also noted to have anxiety, depression and migraines. Treatment to date has included x-rays of the cervical spine, nonsteroidal anti-inflammatory medications, muscle relaxants, benzodiazepines, acetaminophen, opioid analgesics, physical therapy, electrodiagnostic studies and MRI. The agreed medical examiner noted that she was only taking Advil, and that there was no indication that she needed a narcotic. According to a progress report dated 05/29/2015, a 12 point review of systems was negative except for headache, depression, numbness/tingling and sleep disruption. Medical history included anxiety, arthritis and depression. Subjective complaints included right shoulder pain, pain in the neck and low back, and weight gain. Objective findings included limited range of motion of the right shoulder and positive impingement signs. Diagnoses included bilateral shoulder strain, normal bilateral upper extremity electromyography/nerve conduction velocity studies, right shoulder mild degenerative acromioclavicular arthrosis, small cervical spine disc herniation C5-6, and C6-7 and normal lumbar spine per MRI. The injured worker was scheduled to undergo a right shoulder arthroscopy on 07/27/2015. The request for a weight loss program was pending approval. The injured worker was provided refill of her medication which included Elavil, Ibuprofen and Ultracet. Documentation submitted for review shows utilization of opioids dating back to July 2013. On 01/12/2015, the injured worker reported that she was taking 3 to 4 Norco per day to manage her pain. Urine drug screens dated 12/16/2014 and 01/12/2015 did not

detect opioid medications. According to a progress reported dated 12/16/2014, the injured worker signed and opiate contract. CURES report showed no red flag activity. An activities of daily living inventory filled out by the injured worker and dated 03/09/2015 showed difficulty with all of the listed activities of daily living except for speaking clearly and smelling and tasting foods. Currently under review is the request for Elavil 50mg #30 with 2 refills, Ibuprofen 600mg #90 with 2 refills, and Ultracet #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 and 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Amitriptyline, Antidepressants Page(s): 9, 13.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines state that Amitriptyline (Elavil) is a tricyclic antidepressants. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. 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. Long-term effectiveness of anti-depressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. There was no discussion in the records of improvement of pain and improvement of activities of daily living with use of this medication. According to the most recent report, review of systems was positive for depression and sleep disruption. As such the request for Elavil is not medically necessary.

Ibuprofen 600mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDs Page(s): 9, 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state that NSAIDs are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. Official Disability Guidelines (ODG) state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG specific recommendations for NSAIDs (non-steroidal anti-inflammatory drugs) include treatment of osteoarthritis for the shortest period in patients with moderate to severe pain, for treatment in acute low back pain & acute exacerbations of chronic pain and short-term symptomatic relief of chronic low back pain. In this case, objective evidence of functional improvement with use of Ibuprofen. There was no mention that the injured worker was having an acute exacerbation of her chronic pain. As such, the request for Ibuprofen is not medically necessary.

Ultracet #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Online Version, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, there was no discussion of the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Pain level was not addressed at all. There was no documentation of objective evidence of functional improvement with use of opioid analgesics throughout the documentation. Return to work was not documented and there was no discussion of improvement of activities of daily living as a result of the use of opioids. Documentation submitted for review shows utilization of opioids dating back to July 2013. On 01/12/2015, the injured worker reported that she was taking 3 to 4 Norco per day to manage her pain. Urine drug screens dated 12/16/2014 and 01/12/2015 did not detect opioid medications. As such, the request for Ultracet is not medically necessary.