

Case Number:	CM15-0178700		
Date Assigned:	09/18/2015	Date of Injury:	01/19/1999
Decision Date:	10/22/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on January 19, 1999. Medical records indicate that the injured worker is undergoing treatment for degenerative joint disease left shoulder, rotator cuff tear and status-post rotator cuff repair. The injured workers condition was noted to be permanent and stationary and she was retired. Current documentation dated September 2, 2015 notes that the injured worker reported constant left shoulder pain which radiated to the left side of the neck, left upper arm and left forearm. Examination of the left shoulder revealed tenderness and a decreased range of motion. A Neer's test, Hawkin's test, supraspinatus test, Yergason's test and apprehension test were positive on the left. The pain was rated on average 5 out of 10 on the visual analogue scale. With medications the injured worker was able to perform activities of daily living including cooking, cleaning, washing dishes and grocery shopping for up to 30 minutes. Without medications, the injured worker was able to perform the activities of daily living for 5-10 minutes and had to rest. The injured workers pain scores were reduces by 30-60% with the use of medications. Subsequent documentation dated 8-5-2015, 7-8-2015 and 6-5-2015 indicates that the injured workers average pain level remained 5 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, urine drug screen and a left shoulder suprascapular nerve block. Current medications include Amitriptyline, Tylenol with Codeine # 3 and Xanax. The medical records indicate that the injured worker has been prescribed these medications since at least March of 2015. Current requested treatments include requests for Amitriptyline 50 mg 1 tablet every night for 28 days # 28 (refills unspecified) for the management of shoulder symptoms as an outpatient, Tylenol-Codeine #3 300 mg-30 mg tablet, 1 twice a day as needed

for 28 days # 58 (refills unspecified) for the management of shoulder symptoms as an outpatient and Xanax 0.5 mg tablet, 1 twice a day as needed for 28 days # 56 (refills unspecified), for the management of shoulder symptoms as an outpatient. The Utilization Review documentation dated September 10, 2015 non-certified the request for Amitriptyline 50 mg 1 tablet every night for 28 days # 26 (refills unspecified) for the management of shoulder symptoms as an outpatient. Utilization Review modified the requests for Tylenol with Codeine and Xanax as follows: Tylenol-Codeine #3 300 mg-30 mg tablet, 1 twice a day as needed for 28 days # 25 (original request # 58 refills unspecified) for the management of shoulder symptoms as an outpatient and Xanax 0.5 mg tablet, 1 twice a day as needed for 28 days # 56 refills unspecified, (reduction by 10% each week over a four week timeframe is suggested) for the management of shoulder symptoms as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50 mg 1 tablet every night for 28 days QTY 28 Refills unspecified for the management of shoulder symptoms as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective. In this case it appears that a tricyclic is a reasonable treatment based on the provided records. Close monitoring should occur in order objectively evaluate for evidence of functional improvement on the medication in order to facilitate future and continued treatment planning. Therefore the request in this case is considered medically appropriate based on the provided records.

Tylenol-Codeine #3 300 mg-30 tablet, 1 twice a day PRN for 28 days QTY 25 Refills unspecified for the management of shoulder symptoms as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with

documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Tylenol with Codeine is not considered medically necessary.

Xanax 0.5mg tablet, 1 twice a day PRN for 28 days QTY #56 Refills unspecified, for the management of shoulder symptoms as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review, and the request was appropriately modified for weaning purposes. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore the request for Xanax is not considered medically necessary at this time, and modification per utilization review decision is considered reasonable in order to facilitate weaning.