

Case Number:	CM15-0064941		
Date Assigned:	04/09/2015	Date of Injury:	04/03/2012
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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: Emergency 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 49-year-old male, who sustained an industrial injury on April 3, 2012. The injured worker had reported bilateral wrist and hand pain. The diagnoses have included bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, late effect wrist injury, chronic shoulder sprain, cervical sprain, chronic cervical myofascial pain, chronic thoracic myofascial pain, and diffuse decreased sensation in the upper and lower extremities, chronic lumbosacral fascial pain, chronic bilateral hip pain and chronic headaches. Treatment to date has included medications and bilateral carpal tunnel release surgery. Current documentation dated March 6, 2015 notes that the injured worker reported headaches and neck, bilateral shoulder, bilateral elbow, bilateral hand and low back pain. Physical examination of the cervical spine revealed paracervical tenderness and a decreased range of motion. Examination of the lumbar spine and thoracic spine revealed tenderness and a decreased range of motion. Examination of the bilateral elbows and wrists showed bilateral epicondylitis tenderness and a positive Tinel test bilaterally. Shoulder examination showed bilateral rotator cuff tenderness and bilateral trapezius muscles tenderness with a decreased range of motion. The injured worker was noted to have increased physical and psychosocial functioning as a result of taking opiate medication. The treating physician's plan of care included a request for the medications Elavil 25 mg # 30 with 3 refills and Norco 5/325 # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic, Pain, Pages 13-15.

Decision rationale: The requested Elavil 25mg #30, 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has low back pain with radiation to the left lower extremity. The injured worker has headaches and neck, bilateral shoulder, bilateral elbow, bilateral hand and low back pain. The treating physician has documented paracervical tenderness and a decreased range of motion. Examination of the lumbar spine and thoracic spine revealed tenderness and a decreased range of motion. Examination of the bilateral elbows and wrists showed bilateral epicondylitis tenderness and a positive Tinel test bilaterally. Shoulder examination showed bilateral rotator cuff tenderness and bilateral trapezius muscles tenderness with a decreased range of motion. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Elavil 25mg #30, 3 refills is not medically necessary.

Norco 5/325mg #120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 5/325mg #120 with no refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the left lower extremity. The injured worker has headaches and neck, bilateral shoulder, bilateral elbow, bilateral hand and low back pain. The treating physician has documented paracervical tenderness and a decreased range of motion. Examination of the lumbar spine and thoracic spine revealed tenderness and a decreased range of motion. Examination of the bilateral elbows and wrists showed bilateral epicondylitis tenderness and a positive Tinel test bilaterally. Shoulder examination showed bilateral rotator cuff tenderness and bilateral trapezius muscles tenderness with a decreased range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of

treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #120 with no refills is not medically necessary.