

Case Number:	CM15-0099314		
Date Assigned:	06/04/2015	Date of Injury:	12/08/2009
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: Family Practice

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 was a 64 year old female, who sustained an industrial injury, December 8, 2009. The injured worker previously received the following treatments Elavil, Naproxen, Neurontin, Naproxen, Gabapentin, Gabarone, Promolaxin, cervical spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities consistent with bilateral carpal tunnel syndrome, consistent with right ulnar component across the elbow segment and right upper extremity cervical motor radiculopathy, psychiatric examination, cervical spine MRI, left cervical spine surgery and psychotherapy. The injured worker was diagnosed with stress, depression, difficulty swallowing, neck pain, headaches, right shoulder pain, stomach pain, sleep difficulty, constipation and right asymmetric face, right shoulder impingement syndrome, status post three level anterior discectomy and fusion at C4-C5, C5-C6 and C7-C8 levels and status post right shoulder arthroscopic surgery. According to progress note of May 1, 2015, the injured workers chief complaint was depression from chronic pain; difficulty with sleeping due to pain, constipation from pain medications, swallowing food, food was getting caught in the right side of the throat and pain in the neck. The injured worker was having headaches 24 hours per day 7 days a week. The neck pain was mainly on the right side. The stomach pain was due to medication usage. The physical exam noted right lower facial droop. There was cervical spine guarding with a slight loss of cervical lordosis. The Spurling's sign was too difficult to perform due to pain in the cervical spine. The right shoulder noted a well healed scar. There was tenderness with palpation of the subacromial region, deltoid region and

supraspinatus region. There was decreased range of motion in all planes. The treatment plan included prescriptions for Elavil and Neurontin which have been effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg 1-2 tablet every evening for chronic pain and depression #90: Overturned

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

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

Decision rationale: Per the MTUS guidelines, Elavil (Amitriptyline) is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The medical records note that the injured worker is followed for chronic pain and is diagnosed with depression. Elavil is considered first line adjuvant in the treatment of chronic pain and efficacy has been noted in the medical records. The request for Elavil 25mg 1-2 tablet every evening for chronic pain and depression #90 is medically necessary and appropriate.

Neurontin 100mg 1 tablet tid for chronic pain #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs, Gabapentin (Neurontin) Page(s): 16-21, 49.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Neurontin is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is followed for chronic neuropathic pain. Efficacy has been noted with utilization of this medication. The request for Neurontin 100mg 1 tablet tid for chronic pain #90 is medically necessary and appropriate.