

Case Number:	CM15-0108470		
Date Assigned:	06/15/2015	Date of Injury:	10/05/2005
Decision Date:	10/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 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 applicant is a represented 62-year-old who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of October 5, 2005. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve requests for Norco and Flexeril. A March 11, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported ongoing complaints of bilateral shoulder and bilateral wrist pain, 8/10 pain without medications versus 5/10 with medications. The applicant was given various topical compounds including Terocin, flurbiprofen, and Gabacyclotram. Several dietary supplements were also endorsed. Norco and omeprazole both were renewed. The applicant's work status was not detailed. The attending provider contended that the applicant's medications allowed the applicant to sleep longer. The applicant's complete medication list was not seemingly detailed. There was no seeming mention of the applicant's using amitriptyline (Elavil) on this date. On March 11, 2015, the applicant reported 7-8/10 bilateral shoulder and bilateral wrist pain with associated upper extremity paresthesias. The applicant was given refills of multiple medications, including Prilosec, several topical compounds, and Norco. Dietary supplements were also endorsed. Elavil was introduced on this occasion. The attending provider did not state whether the request for amitriptyline (Elavil) was a first-time request or a renewal request. The attending provider contended that the applicant's pain scores were reduced from 9/10 without medications versus 6/10 with medications and that the applicant's ability to perform unspecified chores and sleep in unspecified amounts had been ameliorated as a result of ongoing medication consumption. On

an earlier note dated February 13, 2015, the applicant reported ongoing complaints of shoulder pain, wrist pain, and paresthesias. Prilosec, Norco, Elavil, Terocin, and several other topical compounds were endorsed. On this date, it was stated that the applicant was currently working regular duty in one section of the note. In another section of the note, the attending provider stated that he deferred any position on work status to the claimant's primary treating physician. The reportedly applicant's working on this date was, however, contravened by a March 26, 2015 statement from the claims administrator to the fact that the claimant was not working and was "off work." In another UR referral form dated March 24, 2015, the claims administrator again reiterated that the applicant was "not working."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90, QTY: 1: 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.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the claims administrator contended on UR referral forms dated March 24, 2015 and March 26, 2015. The attending provider's March 11, 2015 progress note failed to clearly report the applicant's work status. While the attending provider did recount a reported reduction in pain scores achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's medications had helped her to sleep longer and perform unspecified household chores did not constitute evidence of a meaningful or substantive improvement in function achieved as a result of ongoing Norco usage and was, moreover, outweighed by the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.

Amitriptyline 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Amitriptyline.

Decision rationale: Similarly, the request for amitriptyline (Elavil), an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal request for amitriptyline. The applicant was using Elavil as early as February 2015, suggested above. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the claimant was seemingly off of work, the claims administrator contended via UR referral form dated March 24, 2015 and March 26, 2015. Ongoing usage of amitriptyline failed to curtail the claimant's dependence on opioid agents such as Norco and multiple topical compounded agents. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of amitriptyline (Elavil). Therefore, the request was not medically necessary.