

Case Number:	CM13-0042671		
Date Assigned:	12/19/2014	Date of Injury:	11/25/2003
Decision Date:	02/10/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona & Michigan. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70 year old male with a date of injury of 11/25/2003. The mechanism of injury is not described in the medical records that are available to me. The injured worker in being managed for chronic pain in multiple joints, chronic neck, upper and low back pain, chronic right shoulder pain, He is status post arthroscopic revision acromioplasty, Mumford and SLAP repair, laminectomy and discectomy at L5- S1. His EMG dated 6/2010 revealed long thoracic neuropathy, 10/2012 showed right peroneal neuropathy, lumbar radiculopathy L5-S1, right ulnar neuropathy, right cubital tunnel syndrome, right cervical radiculopathy from C5-C8. His office visit dated 10/24/2013 the injured worker reports ongoing pain in his neck and low back, difficulty with his home exercise program, difficulty with sleep and problems with the effectiveness of Duragesic and would like to go back to Norco. His physical exam was positive for moderate tenderness in the lumbar para-spinal muscles, decreased range of motion in all planes, difficult ambulation. The request is for amitriptyline 10 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Amitriptyline; antidepressants for chronic pain Page(s): 13 and 14-16.

Decision rationale: Per MTUS, Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first line agent for chronic pain as well as neuropathic pain unless they are ineffective, poorly tolerated or contraindicated. Analgesia generally occurs within a few days to a week. Assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. The injured worker appears to be a good candidate for this medication and therefore based on the guidelines as well as the injured workers clinical picture, Amitriptyline 10mg is medically necessary.