

<b>Case Number:</b>	CM13-0007403		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 20 year old male injured on 06/01/02 while stacking a 44 pound sack of rice resulting in sharp pain in the left wrist. Electrodiagnostic studies (EMG/NCV) on 08/03/12 showed acute left carpal tunnel syndrome with no evidence of radiculopathy. The injured worker later presented with complaints of shoulder and neck pain. The injured worker was initially treated with physical therapy, injection into the left wrist, and various medications. Current diagnoses included left carpal tunnel syndrome, left medial and lateral epicondylitis, chronic forearm tendinitis, left biceps tendinitis, chronic left shoulder sprain with negative MRI scan, chronic neck pain rule out herniated cervical disc, loss of triceps reflex, and chronic left wrist sprain. The injured worker continued to use Voltaren gel 2g four times daily for the left wrist, vicodin 5mg every six hours as needed, and amitriptyline 25mg one to two tablets once every evening for chronic pain. Physical examination revealed small pea sized ganglion cyst in the left wrist, no right wrist tenderness, decreased range of motion of the left shoulder, paracervical tenderness from C2 to C7, supraspinatus and infraspinatus tenderness, and decreased grip strength on the left. The initial request for one month supply of amitriptyline 25mg (one or two tablets every hour of sleep) was non-certified on 07/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MONTH SUPPLY OF AMITRIPTYLINE 25MG (ONE OF TWO TABLETS EVERY HOUR OF SLEEP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Amitriptyline Page(s): 13.

**Decision rationale:** As noted on page 13 of the Chronic Pain Medical Treatment Guidelines, Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. However, the documentation failed to provide objective significant for neuropathic pain. Additionally, the request indicates the intent for 1-2 tablets every hour of sleep exceeds the recommended dosage. Therefore, the request for 1 month supply of amitriptyline 25mg (one of two tablets every hour of sleep) is not medically necessary.