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| <b>Case Number:</b>   | CM13-0035404 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 01/27/2012 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 09/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2013 |

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 50-year-old female who was injured on January 27, 2012. The patient continued to experience bilateral wrist and right shoulder pain. Diagnoses included right rotator cuff tear, right shoulder impingement syndrome, right carpal tunnel syndrome, left wrist sprain/strain, right carpal tunnel syndrome, and right wrist sprain/strain. Treatment included prescription medications home exercises, and chiropractic therapy. Right shoulder surgery was recommended but the patient was having difficulty with blood pressure control. Documentation of medications was limited to tramadol as needed and prescription of Norco 10/325 # 40 in anticipation of the shoulder surgery. Effectiveness of pain control is not documented in the medical record. Requests for authorization for amitriptyline, dextromethorphan, and tramadol were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITRIPTYLINE/ DEXTROMETHORPHAN/ TRAMADOL (DURATION UNKNOWN AND FREQUENCY UNKNOWN) FOR TREATMENT OF BILATERAL WRISTS AND HANDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Opioids, and Topical Analgesics Page(s): 13,15,74-96,111-112. Decision based on Non-MTUS Citation UpToDate Dextromorphan: Drug Information

**Decision rationale:** The Chronic Pain Guidelines indicate that Amitriptyline is a tricyclic antidepressant. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Amitriptyline is recommended for neuropathic pain and fibromyalgia as an oral agent. In this case it is not clear if the Amitriptyline is ordered as an oral or topical agent. It appears to be ordered as a topical agent in combination with dextromethorphan and tramadol. Amitriptyline is not recommended as a topical agent. Dextromethorphan is an antitussive agent, used for the symptomatic relief of coughs caused by the common cold or inhaled irritants. In this case it is not clear if the dextromethorphan is ordered as an oral or topical agent. It appears to be ordered as a topical agent in combination with Amitriptyline and tramadol. Dextromethorphan is not recommended as a topical agent and there is no indication for its use as an oral agent. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. The Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. In this case it is not clear if the tramadol is ordered as an oral or topical agent. It appears to be ordered as a topical agent in combination with dextromethorphan and Amitriptyline. Tramadol is not recommended as a topical agent. Medical necessity is not established for this request. The lack of information about dosage, route, frequency, and duration does not allow determination of efficacy or safety. The request is non-certified.