

<b>Case Number:</b>	CM14-0105861		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 64-year-old female who reported an injury on 04/14/2011. The mechanism of injury was not provided. On 03/07/2014, the injured worker presented with pain in the neck, back, hips, right shoulder, elbow, and hands. Medications included Cymbalta and Naprosyn. Upon examination of the lumbar spine there was tenderness noted over the piriformis muscle on the right side and tenderness over the posterior iliac spine on the right. There was also tenderness noted over the right sacroiliac joint. Examination of the right shoulder noted restricted motion due to pain and tenderness on palpation over the parascapular musculature, rhomboids, and trapezius. There was tenderness noted to the left shoulder over the parascapular musculatures, rhomboids, and trapezius. The diagnoses were adhesive capsulitis of the shoulder versus diffuse myalgia of the right, chronic pain, myofascial pain syndrome, and contusion of the right shoulder. The provider recommended amitriptyline 25 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25mg at bedtime #30 with three (3) refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The optimal duration of treatment is not known because most double-blind trials have been of short duration between 6 to 12 weeks. There was lack of an objective assessment of the injured worker's pain level. The frequency was also not provided in the request as submitted. As such, the request for Amitriptyline 25mg at bedtime #30 with three (3) refills is not medically necessary.