

Case Number:	CM14-0113248		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2006
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Neurology, has a subspecialty in Pain medicine and is licensed to practice in Florida. 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:

12/11/13 PR-2 notes right upper extremity burning with extreme swelling, color changes, and temperature changes. The right hand swells with any activity. Examination notes diffuse tenderness in the right wrist and hand and guards the right hand from movement. Diagnosis of CRPS is noted. 12/18/13 note indicates lower extremity embolism with right upper extremity pain. There is severe pain in elbow and forearm with occasional numbness. Treated is noted with ambien, gabapentin, amitriptyline, bupropion, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 1-2 PO QPM, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15. Decision based on Non-MTUS Citation http://www.wheelsonline.com/ortho/nortriptyline_aventyl - Nortriptyline/Aventyl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 15.

Decision rationale: MTUS supports the use of TCA medications for treatment of CRPS but does not support use of more than one TCA at a time. The medical records provided for review

indicate treatment of CRPS pain with amitriptyline, a TCA medication like Pamelor. The medical records provided for review do not indicate that it is ineffective or not tolerated or indicate intent to taper and/or discontinue it in consideration of starting a second TCA such as Pamelor. The request is not medically necessary.