

<b>Case Number:</b>	CM14-0123186		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 34-year-old male who has submitted a claim for pain in limb associated with an industrial injury date of April 26, 2012. Medical records from 2014 were reviewed. The patient complained of right forearm pain rated 5/10, radiating up and down the right arm. He is status post skin grafting and right forearm tendon adhesion releases, and status post carpal tunnel and cubital tunnel release. Physical examination showed tenderness of the right forearm including brachioradialis and muscles at ulnar side; a well-healed scar which is allodynic producing a dysesthetic quality; and myofascial restrictions in the upper arm. The diagnoses were neuropathic pain, right arm, status post injury and subsequent surgery, and moderate depression. Treatment to date has included oral analgesics, physical therapy, TENS unit, hand therapy, massage, braces/casts, exercise program, trigger point injections, and surgery. Utilization review from July 21, 2014 denied the request for amitriptyline 25mg #30 because no documentation was submitted. It was unclear whether criteria for amitriptyline were met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** As stated on page 13 of the CA MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline is a tricyclic antidepressant and is generally considered a first-line agent unless ineffective, poorly tolerated, or contraindicated. Tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. 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, and psychological assessment. In this case, patient was diagnosed with limb pain and depression. The guideline supports the use of amitriptyline as first-line agent in such conditions. The medical necessity has been established. Therefore, the request for Amitriptyline 25mg #30 is medically necessary.