

Case Number:	CM14-0024482		
Date Assigned:	06/11/2014	Date of Injury:	02/16/2006
Decision Date:	10/02/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 57-year-old male who was reportedly injured on 2/16/2006. The mechanism of injury was not listed. The claimant underwent arthroscopic left wrist surgery on 10/1/2007. The most recent progress note dated 2/5/14 indicated there were ongoing complaints of left upper extremity pain. Physical examination demonstrated no range of motion of left wrist (fused), left grip weakness and unable to oppose thumb to palm. No imaging studies available. Diagnoses: Left upper extremity complex regional pain disorder. Previous medications include: Gabapentin, Norco and Elavil. A request had been made for Elavil (amitriptyline) 25 mg #30, which was non-certified in the pre-authorization process on 2/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 38.

Decision rationale: MTUS treatment guidelines support the use of tricyclic antidepressants in chronic pain management and consider Elavil (Amitriptyline) a first-line option in the treatment

on neuropathic pain. Review of the available medical records, document a diagnosis of left upper extremity complex regional pain disorder after a work-related injury in February 2006. The claimant has been prescribed Gabapentin (Neurontin) which is classified as the anti-convulsant and also recommended for first-line treatment of neuropathic pain in conjunction with Elavil. The previous utilization review references a peer-to-peer on 9/7/2012, at which time the prescribing provider agreed that the patient did not need two neuropathic medications and would continue Gabapentin, but discontinue Elavil. The claimant has ongoing chronic complaints of left upper extremity pain with the current medication regimen. As such, this request is not considered medically necessary.