

<b>Case Number:</b>	CM14-0031981		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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:

According to the records made available for review, this is a 39-year-old male with a 2/15/06 date of injury. At the time (2/19/14) of the request for authorization for Amitriptyline 25 mg #180 (date of service 2/25/14), there is documentation of subjective finding of chronic pain condition affecting her right ankle despite her previous surgery, pain affecting her left knee as well as right shoulder. Objective findings revealed diffuse tenderness over the right splenius cervicis muscle and right upper trapezius region, muscular spasm and guarding over the bilateral paracervical, thoracic, and lumbar musculature, right shoulder tenderness over the subdeltoid bursa area, limited range of motion of the shoulder, tenderness over the patellofemoral region. The current diagnoses are: chronic pain syndrome, right knee internal derangement, right shoulder sprain/strain, right wrist pain, myofascial pain, morbid obesity, lumbosacral sprain/strain, and status post right ankle surgery on 10/2/13. The treatment to date (medication including Amitriptyline for at least 2 months. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **180 TABLETS OF AMYTRIPTYLINE 25MG BETWEEN 2/25/2014 AND 2/25/2014:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressants and Title 8, California Code of Regulations, Definition.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, right knee internal derangement, right shoulder sprain/strain, right wrist pain, myofascial pain, morbid obesity, lumbosacral sprain/strain, and status post right ankle surgery on 10/2/13. In addition, there is documentation of treatment with Amitriptyline for at least 2 months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Amitriptyline. Therefore, based on guidelines and a review of the evidence, the request for Amitriptyline 25mg #180 (date of service 2/25/14) is not medically necessary.