

<b>Case Number:</b>	CM14-0042943		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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:

A 12/17/13 report indicates chronic pain of the neck and low back and right wrist. The injured worker has a history of surgery on the back. There is a "pins and needles" sensation in the right leg with numbness. The examination reports weakness of the right foot with decreased sensation at the medial aspect of the right ankle. A 1/7/14 note indicates continued chronic pain and treatment with tramadol, Elavil, and hydrocodone. A 1/28/14 note indicates continued pain with sensations in leg and numbness. The exam demonstrates weakness of the right foot. The assessment was chronic right lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITRIPTYLINE 25MG, PO QHS #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain Page(s): 13-16.

**Decision rationale:** Per CA MTUS Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or

contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. 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. Side effects including excessive sedation should be assessed. The MTUS recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). In this case, the medical records provided for review support the presence of neuropathic pain with clinical findings of radiculopathy and "pins and needles" sensations with numbness. Elavil (amitriptyline) is supported under the MTUS guidelines for the treatment of neuropathic pain. Therefore, the request is certified.