

Case Number:	CM14-0072821		
Date Assigned:	07/16/2014	Date of Injury:	11/13/2007
Decision Date:	09/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 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:

The injured worker is a 54-year-old male who reported an injury due to repetitive strain on 11/13/2007. On 04/10/2014, his complaints included pain and swelling in the left arm. He had been diagnosed with complex regional pain syndrome. He had been taking Amitriptyline for many years as an adjunctive pain medication. The request for authorization dated 05/18/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) ; Duloxetine (Cymbalta).

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

Decision rationale: Tricyclic antidepressants, which include Amitriptyline, are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. 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 status. Side effects including excessive sedation should also be assessed. Long-term

effectiveness of antidepressants has not been established. This worker has been taking amitriptyline for a number of years which exceeds the recommendations in the guidelines of a short duration of 6 to 12 weeks. Additionally, the request did not include frequency of administration. Therefore, this request for Amitriptyline 25mg is not medically necessary.