

Case Number:	CM14-0194759		
Date Assigned:	12/02/2014	Date of Injury:	08/02/2012
Decision Date:	01/16/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old male with an injury date of 08/02/12. Per the 10/15/14 report, the patient presents with lumbar spine and neck pain stated to be at a high level and almost unbearable without medication and prevents most activities. The patient has not been taking some medications as they have not been authorized. There is continued numbness and tingling in the right wrist up to the right forearm and right shoulder. The patient is to return to modified duties. The patient is wearing an orthoses in the rib cage area (metallic lumbar corset). Examination reveals exquisite tenderness upon palpation at the cervical paravertebrals and trapezius. Examination further shows tenderness in the bilateral AC (acromioclavicular) joints and flexion and extension of the right wrist is somewhat restricted due to pain as well as ulnar and radial deviation with weakness of grip and grasp compared to the left. There is stiffness and tightness on the sides of three well healed surgical scars at the lumbar paravertebrals as well as pain along with decreased sensation in the right lateral side in the area right below the knee. The patient's diagnoses include: 1. Right wrist complete arthroscopic synovectomy (date unknown) 2. Lunate-triquetral arthroplasty and reconstruction (date unknown) 3. "Capsulorrhaphy" mild carpal and ulnar carpal joint 4. Open reconstruction of right TFC complex ulnar tear and soft tissue stabilization (date unknown) 5. Endoscopic debridement/reconstruction of scapholunate ligament (date unknown) 6. Chronic low back pain 7. Cervical sprain 8. Head trauma 9. Comminuted fracture base of 5th metacarpal bone 10. Lumbar disc desiccation L5-S1 11. Posttraumatic headache 12. S/p lumbar spine surgery (date unknown) 13. Vision problems 14. Severe cervical spondylosis 15. Severe C6-C7 right sided foraminal stenosis 16. Depressive symptoms (05/21/14 Psychological treatment report) 17. Pain disorder associated with both psychological factors and a general medical

condition (05/21/14 Psychological treatment report) Medications are listed as Norco, Cyclobenzaprine, Amitriptyline and Prilosec. The utilization review being challenged is dated 11/14/14. Reports were provided from 04/30/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

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

Decision rationale: The patient presents with severe lumbar spine and neck pain along with numbness and tingling in the right wrist up to the forearm and shoulder along with depression. The treater requests for amitriptyline 25 mg #30 per 10/15/14 RFA (request for authorization). The 11/14/14 Utilization review modified this request from #30 to #15. The reports show the patient has been prescribed this medication since at least 04/30/14. MTUS page 13 Anti-depressants in Chronic pain states this medication is recommended and as a tricyclic antidepressant is generally considered a first-line agent for neuropathic pain and as possibility for non-neuropathic pain. MTUS page 13 also states, "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." The treater, ■■■■■, does not discuss this medication in the reports provided. Both neuropathic pain and depression are present in this patient; however, the reports do not state the intended use of this medication and whether it helps the patient. Psychological assessment by ■■■■■ Ph.D., is provided and reports state the patient is helped by psychotherapy, but Amitriptyline and other medications are not discussed. No evidence of changes in use of other analgesic medication is provided. In this case, the request is not medically necessary.