

<b>Case Number:</b>	CM15-0182717		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/03/2003
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female sustained an industrial injury on 12-3-03. Documentation indicated that the injured worker was receiving treatment for upper limb causalgia, depression and insomnia. Past medical history was significant for reflex sympathetic dystrophy and hypertension. In a PR-2 dated 4-7-15, the injured worker complained of ongoing pain with spasms and tingling throughout the right arm and now into the left shoulder, rated 10 out of 10 on the visual analog scale without medications and 6 to 7 out of 10 with medications. Physical exam was remarkable for neck range of motion: flexion 20 degrees, extension 20 degrees, bilateral lateral rotation 40 degrees, and bilateral rotation 50 degrees. The injured worker held both upper extremities in "an extremely guarded" position. The injured worker could not make a fist, fully extend the fingers, or thumb. There was mild atrophy noted. The treatment plan included discontinuing Lidoderm patch and continuing Deplin, Amitriptyline, Cymbalta and Norco. In PR-2's dated 5- 5-15, 6-4-15, 7-3-15 and 7-31-15, the injured worker complained of pain 10 out of 10 without medications and 6 to 8 out of 10 with medications. In a PR-2 dated 8-28-15, the injured worker complained of right shoulder, neck and back pain 7 to 8 out of 10 with medications. The injured worker stated that the pain was bad today and that she would be in Emergency Department if she did not have Amitriptyline. Physical exam was remarkable for tenderness to palpation to light touch of the entire right upper extremity with mild atrophy of the nails. The injured worker was barely able to make a fist and could not full extend the fingers or thumb and minimal tenderness to palpation to the lumbar spine. The treatment plan included continuing medications (Norco,

Cymbalta, Deplin and Amitriptyline). On 9-11-15, Utilization Review noncertified a request for Amitriptyline 10mg #90 with two refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Amitriptyline 10mg quantity 90 with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Amitriptyline Prescribing Information.

**Decision rationale:** The claimant has a remote history of a work injury in December 2003 and is being treated for chronic pain. Medications are referenced as decreasing pain from 10/10 to 7-8/10. When seen, she had increasing pain after being unable to obtain amitriptyline. Her body mass index was over 30. There was guarding of the right arm and hand and she was wearing a sleeve. There was right upper extremity hypersensitivity and weakness with findings consistent with her prescription of CRPS. Amitriptyline was prescribed for neuropathic pain. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. Dosing of amitriptyline for neuropathic pain can start as low as 10 mg and, in many people low doses are enough to control the symptoms of pain. Amitriptyline was medically necessary.