

Case Number:	CM15-0185505		
Date Assigned:	09/25/2015	Date of Injury:	10/02/2008
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female who sustained an industrial injury on 10-02-2008. Current diagnoses include pain in joint of ankle and foot, sleep disturbances, tenosynovitis of foot and ankle, reflex sympathetic dystrophy of lower limb, and depressive disorder. Report dated 08-03-2015 noted that the injured worker presented with complaints that included left foot and ankle pain with some swelling in the left foot. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-03-2015 revealed the patient's gait and movements to be within baseline for their level of function. Previous treatments included medications. The treatment plan included requests for gabapentin, amitriptyline for neuropathic pain and assistance with sleep, Norco, and Lidoderm patches, and hydrotherapy, urine test and CURES report reviewed, and follow up in one month. The injured worker has been prescribed amitriptyline since at least 04-06-2015. The utilization review dated 09-11-2015, non-certified the request for amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Insomnia treatment, under Sedating anti-depressants.

Decision rationale: The current request is for Amitriptyline 25mg. The RFA is dated 08/04/15. Previous treatments included left ankle surgery 2011, physical therapy, and medications. The patient remains off work. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-16 for states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. ODG guidelines, Pain chapter for Insomnia treatment, under Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) states these have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. Per report 08/03/15, the patient presents with left foot and ankle pain with some swelling in the left foot. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination performed revealed the patient's gait and movements to be within baseline for their level of function. All other exam findings were within normal limits. Current medications include gabapentin, amitriptyline for neuropathic pain and assistance with sleep, Norco, and Lidoderm patches. The patient has been prescribed Amitriptyline since at least 04/06/15. The PR2 requests Amitriptyline HCL 25mg tab SIG 2. This patient presents with depression, neuropathic pain, and sleep disturbances and the treater provides documentation of medication efficacy. This medication has been prescribed in accordance with guidelines. Therefore, the request is medically necessary.