

<b>Case Number:</b>	CM15-0197922		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 10-31-2013. The injured worker is being treated for rule out complex regional pain syndrome right hand. Treatment to date has included surgical intervention of the right thumb (8-18-2014), medications, diagnostics including electrodiagnostic testing, physical therapy, and injections. Physical therapy was discontinued per the note dated 5-20-2015 due to no improvement. Per the Primary Treating Physician's Progress Report dated 9-02-2015 the injured worker reported burning right hand pain with radiation to the right arm rated as 9 out of 10 in intensity. Objective findings included no change in right hand symptoms since the last visit. Ranges of motion were decreased. Per the medical records dated 5-20-2015 to 9-02-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Per the note dated 6-10-2015 she was taking Nortriptyline but feels that she is "simply not able to sleep." Work status on 9-02-2015 was off work until 10-17-2015 and the plan of care included Cyclobenzaprine and Amitriptyline. Authorization was requested for Amitriptyline 25mg #120. On 9-25-2015, Utilization Review modified the request for Amitriptyline 25mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25mg 1 tablet by mouth every day for a week then 2 tablets by mouth thereafter, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

**Decision rationale:** The claimant sustained a work injury in October 2013 when she had progressive right thumb pain after lifting a heavy bag and underwent right thumb arthroplasty with ligament reconstruction in August 2014. She is being treated for chronic pain including a diagnosis of possible CRPS. When seen, pain was rated at 9/10. There was burning pain with right arm numbness and tingling and weakness. Physical examination findings included decreased and painful right hand range of motion. There was decreased grip strength. Diclofenac had been discontinued due to a lack of effectiveness. Amitriptyline was prescribed for chronic pain and sleep at 25 mg per day for one week and then increasing to 50 mg per day. 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. The starting dose for amitriptyline may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. In this case, amitriptyline was medically necessary. However, prescribing an increased dose above 25 mg without assessing for efficacy and side effects cannot be accepted as being medically necessary.