

Case Number:	CM15-0215957		
Date Assigned:	11/05/2015	Date of Injury:	12/18/2002
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old male who sustained an industrial injury on 12-18-2002 and has been treated for right thoracic outlet syndrome with history of right shoulder dislocation, history of SLAP repair; right long thoracic nerve palsy; right brachial plexopathy; and is status post C5-7 anterior discectomy cervical fusion. Diagnostic right shoulder ultrasound is stated to show adhesive capsulitis and subacromial-subdeltoid bursitis. On 10-1-2015 the injured worker reported constant sharp, aching pain in the right chest wall, going up to the neck, trapezius, and to the right scapula; pain in the right paracervical region; constant tingling in both forearms, hands, and fingers; constant aching pain in the shoulder; and, pain was rated at 9 out of 10. Additionally, he had bilateral heel pain and numbness in both thighs with walking. Objective findings include "limited" cervical range of motion, positive bilateral compression sign, and pain with pressure over bilateral facet processes. There was muscle spasm palpable in the trapezius muscles, as well as a band with a twitch and referral of the pain to the shoulder. Documented treatment includes lidocaine, buprenorphine, naproxen, gabapentin, and the physician's plan of care includes Elavil. Earlier in the note it states that he had stopped taking this due to dizziness. A request was submitted for Amitriptyline - Elavil; 25 mg #30 with 1 refill. This was non-certified on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline (Elavil) 25mg, #30 with 1 refill: Upheld

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 Official Disability Guidelines (ODG) Chronic Pain, TCA's.

Decision rationale: MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG 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. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)." While the treating physician has met the above guidelines to utilize Amitriptyline for the treatment of neuropathic pain, refills are not indicated due to the need for medical monitoring. As such, the request for Amitriptyline HCL 25mg #30 with 1 refill is not medically necessary.