

<b>Case Number:</b>	CM15-0221598		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 45 year old male injured worker suffered an industrial injury on 7-17-2014. The diagnoses included right hand pain, neuropathy and medication induced gastritis. On 8-12-2015 the provider reported the current pain level was 6 out of 10 without medication and 4 out of 10 with medication. On 9-9-2015 the provider reported the pain was about the same. The injured worker noted he had more pain in the right hand with numbness along with numbness and tingling in the right hand. On exam he had weakness in the right grip with decreased sensation. Prior treatments included 4-7-2015 right carpal tunnel release and right long finger extensor tendon tenolysis and physical therapy. Diagnostics included urine drug screen 10-14-2014, 12-22-2014, 9-9-2015 and 10-7-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with recent pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment with the exception of urine drug screens. The medical record did not include evidence of effectiveness for Elavil for neuropathic pain or gastrointestinal symptoms for the use of Omeprazole. Request for Authorization date was 9-9-2015. Utilization Review on 10-24-2015 determined modification for Elavil 25 mg #30 to 2 refills, Tramadol 50 mg #90 to #60 with no refills and Omeprazole 20 mg #30 to 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25 mg #30: 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 Elavil Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in July 2014 when, while working as a CNC machinist he sustained a right hand tendon injury when his hand contacted a spinning spindle. He had surgery after his injury and, in April 2015, he underwent a right carpal tunnel release and third finger extensor tendon tenolysis. Medications are referenced as decreasing pain by 2-3 VAS points. He has a history of medication induced gastritis. He has depression and anxiety. Urine drug screening in October 2015 was consistent with the prescribed medications. When seen, pain was rated at 5/10. He was having weakness and paresthesias. He was having difficulty sleeping and was awakening with pain. Physical examination findings included right lateral epicondyle and right hand tenderness. Range of motion was normal. Tramadol, Elavil, and omeprazole are being requested. 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 Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. Although usual dosing is up to 100 mg/day, dosages of 150 mg per day can be considered. In this case, the claimant has paresthesias and ongoing difficulty sleeping. Elavil was medically necessary.

**Tramadol 50 mg #90: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in July 2014 when, while working as a CNC machinist he sustained a right hand tendon injury when his hand contacted a spinning spindle. He had surgery after his injury and, in April 2015, he underwent a right carpal tunnel release and third finger extensor tendon tenolysis. Medications are referenced as decreasing pain by 2-3 VAS points. He has a history of medication induced gastritis. He has depression and anxiety. Urine drug screening in October 2015 was consistent with the prescribed medications. When seen, pain was rated at 5/10. He was having weakness and paresthesias. He was having difficulty sleeping and was awakening with pain. Physical examination findings included right lateral epicondyle and right hand tenderness. Range of motion was normal. Tramadol, Elavil, and omeprazole are being requested. When prescribing controlled substances for pain, satisfactory

response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing what is considered a clinically significant decrease in pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Omeprazole 20 mg #30:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in July 2014 when, while working as a CNC machinist he sustained a right hand tendon injury when his hand contacted a spinning spindle. He had surgery after his injury and, in April 2015, he underwent a right carpal tunnel release and third finger extensor tendon tenolysis. Medications are referenced as decreasing pain by 2-3 VAS points. He has a history of medication induced gastritis. He has depression and anxiety. Urine drug screening in October 2015 was consistent with the prescribed medications. When seen, pain was rated at 5/10. He was having weakness and paresthesias. He was having difficulty sleeping and was awakening with pain. Physical examination findings included right lateral epicondyle and right hand tenderness. Range of motion was normal. Tramadol, Elavil, and omeprazole are being requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole is not considered medically necessary.