

<b>Case Number:</b>	CM15-0032988		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on 1/5/12. He has reported twisting injury of left wrist. The diagnoses have included joint pain hand, joint pain forearm and sprain carpal. Treatment to date has included left wrist arthroscopy with ulnar shortening osteoplasty, corticosteroid injections, medications and brace to left wrist. (CT) computerized tomography scan of left wrist performed on 7/7/14 revealed status post left ulnar shortening osteotomy, small indentation in proximal ulnar aspect of left lunate, mild degenerative changes of left distal radioulnar joint. (NCV) Nerve Condition Velocity was negative. Currently, the injured worker complains of left wrist pain. Physical exam of left wrist dated 1/8/15 noted well healed incision and moderate to severe pain especially at the ulnar site and resisted pronation also elicited pain on both directions. On 2/6/15 Utilization Review non-certified Elavil 50mg #30 one at bedtime. The MTUS, ACOEM Guidelines was cited. On 2/18/15, the injured worker submitted an application for IMR for review of Elavil 50mg #30 one at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15.

**Decision rationale:** According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. . There were no neuropathic symptoms or abnormal findings on recent neurological exam. The claimant was on Naproxen for pain as well. The continued use of Elavil is not medically necessary.