

<b>Case Number:</b>	CM15-0046695		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: 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:

This 59-year-old female sustained an industrial injury to the neck, back, right shoulder and right upper extremity on 9/27/11. Previous treatment included magnetic resonance imaging, electromyography, x-rays, transcutaneous electrical nerve stimulator unit, chiropractic therapy, physical therapy and medications. In a PR-2 dated 2/12/15, the injured worker complained of ongoing right sided cervical spine pain and right upper extremity pain associated with disrupted sleep. Physical exam was remarkable for lumbar spine with tenderness to palpation and decreased range of motion, right shoulder with limited, painful range of motion, right hand with positive Tinel's sign and Phalen's test. Current diagnoses included right shoulder tendinitis with impingement findings, right carpal tunnel syndrome, chronic lumbar spine pain with radiculopathy and chronic cervical spine sprain/strain. The treatment plan included refilling medications including Fenoprofen, Omeprazole, Gabapentin and Norco, adding Amitriptyline to improve sleep and decreased the pain cycle per the Agreed Medical Evaluator's suggestion, using a Terocin/Lidocaine patch and referrals to pain management and orthopedics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter- Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15. Decision based on Non-MTUS Citation ODG- pain guidelines and insomnia medication pg 64.

**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. The amitriptyline was combined with opioids, NSAIDs and anti-epileptics making it difficult to determine benefit from Amitriptyline. In addition, the Amitriptyline is not indicated as primary treatment for insomnia. The continued use of Amitriptyline is not medically necessary.

**Dorsal 15mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had combined use of tricyclics, Opioids, and anti-epileptics making it difficult to determine the benefit from Dorsal. Continued use of Dorsal is not medically necessary.