

Case Number:	CM14-0165994		
Date Assigned:	10/13/2014	Date of Injury:	03/02/1999
Decision Date:	11/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 73-year-old male sustained an industrial injury on 3/2/99. The mechanism of injury was not documented. Past surgical history was positive for left shoulder arthroscopic subacromial decompression, rotator cuff repair, labral debridement, and posterior capsular release on 9/17/09, repeat left shoulder surgery on 11/18/10, left carpal tunnel release on 9/28/11, right carpal tunnel release on 3/10/12, right total knee arthroplasty on 11/30/12, and right shoulder surgery on 4/17/14. He underwent right carpal tunnel and cubital tunnel release on 7/3/14. The 9/10/14 treating physician report cited improved right hand burning pain since surgery. The patient requested a reduction in the Percocet dose from 10/325 mg to 5/325 mg. Cervical exam documented cervicothoracic, left rhomboid and scapular tenderness with severely reduced range of motion in all planes. Shoulder exam documented positive impingement signs on the left with left forward flexion and abduction to 50 degrees. Right shoulder forward flexion was 80 and abduction 70 degrees. Elbow exam documented minimal right lateral epicondyle tenderness with healing incision. Right wrist exam documented a small open area at the distal aspect of the incision which was still healing. Right hand exam documented moderate limitation in finger flexion, moderate loss of right middle finger extension, significant pinch and grip strength weakness, and no triggering noted. Left hand range of motion was within normal limits but for slight reduction in left finger range flexion. Upper extremity motor testing was complicated by pain and guarding. There was diffuse reduction in sensation over the right upper extremity. The treatment plan recommended reduction in Percocet to 5/325 mg every 4 to 6 hours. The prior use of Amitriptyline was documented for neuropathic pain with no specific documentation of benefit. The 10/3/14 utilization review denied the request for Amitriptyline as there was no documentation of any pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline Hydrochloride 10mg #60: 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 Amitriptyline.

Decision rationale: The California MTUS recommend the use of tricyclic anti-depressant, like Amitriptyline, as a first line option for neuropathic pain and a possibility for non-neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week. 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. Guideline criteria have not been met. There is no current pain assessment documenting neuropathic pain. There is no documentation of specific pain response, improvement in function, change in use of other medications, sleep quality or duration, or psychological assessment relative to the use of Amitriptyline to support on-going use. Therefore, this request is not medically necessary.