

Case Number:	CM15-0112807		
Date Assigned:	06/19/2015	Date of Injury:	01/19/2015
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina
 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 46 year old male, who sustained an industrial injury on 1/19/2015. Diagnoses include biceps tendon rupture status-post surgical repair, chronic right forearm pain, right arm dysesthesia both proximal and distal to the right elbow, probable cervical sprain, rule out cervical disc and hearing loss. Treatment to date has included surgical intervention (right distal biceps tendon repair, 2/03/2015) medications including Amitriptyline and physical therapy. Magnetic resonance imaging (MRI) of the right elbow dated 1/24/2015 showed a rupture of the biceps tendon. Per the Primary Treating Physician's Progress Report dated 5/01/2015, the injured worker reported still having pain in the right arm. He has pain between his neck and right shoulder. Physical examination revealed right biceps, right forearm and right wrist tenderness. There was right shoulder crepitus with right shoulder rotator cuff tenderness. Right shoulder abduction was 100 degrees, extension 20 degrees and flexion 95 degrees. The plan of care included diagnostic imaging, electro diagnostic studies, medications and physical therapy. Authorization was requested on 5/01/2015 for Elavil 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 mg Qty 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 16.

Decision rationale: The California MTUS section on antidepressants states: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. 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. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilron, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. The patient does have neuropathic pain and this is a first line treatment option and therefore the request is medically necessary.