

<b>Case Number:</b>	CM15-0173218		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 36 year old, male who sustained a work related injury on 5-28-12. A review of the medical records shows he is being treated for left wrist and elbow issues. Treatments have included left arm surgery 8-23-13, physical therapy, and left stellate ganglion blocks. Current medications include Lidocaine patches, Gabapentin, Norco, Baclofen, Nortriptyline and Ambien. He has been taking the Gabapentin and Nortriptyline for at least a year. There is no documentation if these medications are helpful in relieving his pain or if they help to improve his functional capabilities. In the progress notes, the injured worker reports motion aggravates left arm pain severely which triggers his irritable bowel syndrome. He reports almost no range of motion in left arm and he cannot use fingers or hand without significant pain. In the objective findings dated 8-5-15, he holds his left arm close to his body. He has a contracted left arm. He winces in pain frequently due to allodynia. Air circulation can cause an increase in pain. No notation of working status. The treatment plan includes requests for manipulation of left arm under anesthesia, an evaluation for a Functional Restoration Program and refills of medications. The Request for Authorization dated 8-10-15 has requests for manipulation under anesthesia and for evaluation with a Functional Restoration Program. In the Utilization Review dated 8-21-15, the requested treatments of manipulation under anesthesia, Gabapentin 300mg. #180 with 2 refills and Nortriptyline HCL 25mg. #30 with 2 refills are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia for contracture: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Manipulation under anesthesia (MUA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) / Manipulation under anesthesia (MUA).

**Decision rationale:** The CA MTUS ACOEM guidelines are silent on the issue of manipulation under anesthesia of the wrist and hand. Therefore the ODG was consulted (forearm, wrist and hand / Manipulation under anesthesia (MUA)). Per ODG guidelines manipulation under anesthesia is "Not recommended for the wrist, hand or fingers. There are no high quality studies published in peer-reviewed journals accepted into Medline." In this case this patient has decreased range of motion of the left upper extremity per the exam note from 8/5/15, however per ODG guidelines there is no indication for a manipulation under anesthesia of the upper extremity due to the lack of evidence of the efficacy of MUA of the upper extremity. Therefore, the request is not medically necessary.

**Gabapentin 300mg, #180 with 2 refills: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 8/5/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is for not medically necessary.

**Nortriptyline HCL 25mg, #30 with 2 refills: 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): Tricyclics.

**Decision rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines, Part 2 Pain Interventions and Treatments, Amitriptyline is "Recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references." Under the CA MTUS

section Anti-depressants for chronic pain, it states that: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Per CA MTUS guidelines antidepressants are recommended as a first-line option for neuropathic pain, especially if accompanied by insomnia, anxiety or depression. It can be used for non-neuropathic pain and has been shown to be efficacious in the following diagnoses: fibromyalgia, or chronic lower back pain. In this case the medical notes from 8/5/15 do not show that this patient has a diagnosis of neuropathic pain, fibromyalgia or chronic lower back pain. As this patient does not meet CA MTUS guidelines for the use of a tricyclic antidepressant, the recommendation is for not medically necessary.