

<b>Case Number:</b>	CM15-0079452		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/08/2002
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old female who sustained an industrial injury to her head on 04/08/2002. The injured worker was diagnosed with chronic migraines without aura and fibromyalgia. Documented treatment is medications. According to the primary treating physician's progress report on January 30, 2015, the injured worker continues to experience daily headaches of variable severity associated with pain in her right eye, telchopsia, floaters, diplopia, nausea and sensitivity to light and sound. Cranial nerves were intact. Pupils equal, round, reactive to light, normal extra ocular movements with normal finger-nose-finger and heel to shin tests were documented. The injured worker was alert, oriented with clear speech and without tremors. Current medications were listed as Excedrin, Sumatriptan and amitriptyline. Treatment plan consists of stopping Excedrin and Imitrex (Sumatriptan), increasing Amitriptyline, start Indomethacin and take with food, increase exercise and activity, consider counseling, Cognitive Behavioral Therapy (CBT) and Botox treatment along with the current request for authorization of Amitriptyline and Indomethacin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Amitriptyline 150mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-15.

**Decision rationale:** The injured worker sustained a work related injury on 04/08/2002. The medical records provided indicate the diagnosis of chronic migraines without aura and fibromyalgia. Documented treatment is medications. The medical records provided for review do not indicate a medical necessity for 1 prescription of Amitriptyline 150mg #30 with 3 refills. Amitriptyline is a tricyclic antidepressant. The MTUS recommends the tricyclic antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic. The MTUS recommends a starting Amitriptyline as 10-25 mg at night to a maximum of 100mg/ day for neuropathic pain; but recommends starting at 5-10 mg 1-3 hours before bedtime and increase up to 25-50 at bedtime, for Fibromyalgia. The request is not medically necessary.

**1 prescription of Indomethacin 25mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Pain (Chronic) Indomethacin (Indocin, Indocin SR) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The injured worker sustained a work related injury on 04/08/2002. The medical records provided indicate the diagnosis of chronic migraines without aura and fibromyalgia. Documented treatment is medications. The medical records provided for review do not indicate a medical necessity for 1 prescription of Indomethacin 25mg #90 with 1 refill. Indomethacin is an NSAID. Generally, the MTUS does not recommend indomethacin in the elderly due to increased risk of adverse effects. The official Disability Guidelines does not recommend the use of Indomethacin, and considers it as a second line agent. Therefore, the Official Disability Guidelines categorizes it as an "N" drug that needs utilization review. The request is not medically necessary.