

<b>Case Number:</b>	CM15-0096448		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, 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 41 year old female, who sustained an industrial injury on 10/28/13. She reported injuries to neck and upper extremities. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included pain management, oral medications including gabapentin and amitriptyline and activity restrictions. Currently, the injured worker complains of upper extremity pain which she states is somewhat well controlled with gabapentin and amitriptyline. Physical exam noted bilateral wrist tenderness to palpation over the flexor retinaculum. The treatment plan included prescriptions for gabapentin and amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (for chronic pain) Page(s): 16-18.

**Decision rationale:** The request is for a refill of Gabapentin 300 mg 3 times/day for a patient with chronic carpal tunnel syndrome. CA MTUS Chronic Pain Guidelines state that anti-epilepsy drugs such as Gabapentin are first-line choices for neuropathic pain. The patient has neuropathic pain from the Carpal tunnel syndrome and is receiving benefit from the Gabapentin. Therefore the request is deemed medically necessary and appropriate.

**Amitriptyline 25 mg #60:** Overturned

**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): 13.

**Decision rationale:** Antidepressants are recommended as first-line agents for patients with neuropathic pain by the CA MTUS Chronic Pain Guidelines. In this case, the patient has neuropathic pain secondary to carpal tunnel syndrome and meets criteria for the use of amitriptyline. In addition, amitriptyline is also recommended for chronic pain patients with insomnia as the patient in this case demonstrates. The low-dose amitriptyline has been ineffective, so she has recently been increased to 25 mg/night. This request is thus deemed medically necessary and appropriate.