

Case Number:	CM15-0096616		
Date Assigned:	05/27/2015	Date of Injury:	08/02/2012
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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:

This 49 year old male sustained an industrial injury on 8/02/12. He subsequently reported multiple areas of trauma and pain. Diagnoses include chronic low back pain, right wrist complete arthroscopic synovectomy, cervical sprain. Treatments to date include MRI and x-ray testing, surgeries, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities, pain in the neck that radiates to the bilateral upper extremities and headaches. Upon examination, right wrist, cervical and lumbar spine and bilateral shoulder had reduced ranges of motion. Tenderness over the lumbar paravertebrals, bilateral AC joints and cervical spine was noted. A request for Amitriptyline medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tricyclic antidepressants Page(s): 15.

Decision rationale: The California MTUS section on tricyclic 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 and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for Amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine calculated using 3 studies was reported to be 3.1 (2.2-5.1). Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for Venlafaxine, and 7 for SSRIs (Perrot, 2008). The patient has radicular pain and therefore the medication is medically indicated as a first line treatment option. The request is medically necessary.