

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/31/2013

Date of Injury:

1/4/2010

IMR Application Received:

8/14/2013

MAXIMUS Case Number:

CM13-0011004

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Amitriptyline DT #240 transdermal (between 09/27/2012 & 11/08/2012) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Amitriptyline DT #240 transdermal (between 09/27/2012 & 11/08/2012) is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Cardiology and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 38-year-old female who presents with an unspecified date of injury of 01/04/2010. The specific mechanism of injury was not stated. The patient is subsequently status post a left carpal tunnel release as of 10/27/2012, and is under the care of Dr. [REDACTED]. Additionally, the patient has a diagnosis of right carpal tunnel syndrome also. The most recent clinical note submitted for review is dated 12/20/2012, signed by Dr. [REDACTED], which documents the patient presents with scarring about the left wrist consistent with carpal tunnel release. The provider documents there are some toughness surrounding the median aspect of the wrist. The patient has full range of motion the left wrist with limited range of motion secondary to pain on the right.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Amitriptyline DT #240 transdermal (between 09/27/2012 & 11/08/2012):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS Guidelines, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Amitriptyline and Topical analgesics, page 13 and page 111, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that amitriptyline is recommended, and is considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines also indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records provided for review do not show evidence the employee's reports of the effectiveness of this medication, or why oral amitriptyline cannot be used for the employee's pain complaints. **The request for Amitriptyline DT #240 transdermal (between 09/27/2012 and 11/08/2012) is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.