

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

2/22/2012

8/5/2013

CM13-0007552

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Amipriptyline 10MG #60** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 10MG #60 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 Family Medicine, 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:

This IW is a 53 year old man with chronic low back pain and tinnitus. His date of injury was 2/22/2012. This man was injured while driving his truck when he had to take evasive action to avoid hitting another vehicle. He received physical therapy and an epidural steroid injection. A preoperative cardiology consultation led to the following diagnoses: hypertension, coronary stent placement, and a prior septal myocardial infarction in 2012. Once cleared for surgery, he underwent a neurosurgical L5-S1 discectomy and removal of a synovial cyst for low back pain and persisting radiculopathy on 2/15/13. His medications include Ultram 50 mg 1 to 4 a day as needed. He began taking Amitriptyline preoperatively for radiculopathy. Currently, he takes amitriptyline 10 mg 1 or 2 at night for sleep.

### 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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Amitriptyline 10MG #60:**

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 Chronic Pain Medical Treatment Guidelines, Amitriptyline, Neuropathic pain, pg. 15, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Amitriptyline, Neuropathic pain, pgs. 13-15, which is part of the MTUS.

Rationale for the Decision:

The employee developed chronic low back pain with radiculopathy. The employee underwent neurosurgery and has ongoing pain and sleep disturbance. There is medical documentation that the Amitriptyline is helping have restorative sleep, but there is no clear documentation that the Amitriptyline is being use for either chronic pain or persisting radiculopathy. The medical record is clear that the employee has chronic pain, and takes Ultram (tramadol). What is not clear is whether the radicular pain is persisting postoperatively. Chronic Pain Medical Treatment Guidelines delineates the role that specific antidepressants play in treating chronic pain. Amitriptyline is medically indicated for radicular pain and may have “a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear.” The report goes on to say: ‘Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning.’ **The request for Amitriptyline 10MG #60 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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.