

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	2/8/2011
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008195

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Amitriptyline DT 30gm** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 30gm 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 Practice, 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 is a 42-year-old female suffered work-related injury in February 2011. She had slipped and fell at work which resulted in injuring her back, left shoulder, left hip and right knee.

Before her work situation the patient denied receiving any psychiatric treatment. Since the injury she has been irritated by the pain, has low motivation, low energy and trouble with sleep. She has poor concentration and memory as well. A psychology evaluation in March 2012 had a diagnosis of: major depressive disorder and was prescribed fluoxetine as well as trazodone.

In April 25, 2012 she received epidural injections for a herniated lumbar disc and lumbar radiculitis. There is documentation from utilization review in referencing this date and a prescription for amitriptyline DT.

### **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 and Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Amitriptyline DT 30gm:**

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 ACOEM, which is a part of the MTUS, and ODG, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Tricyclics and Antidepressants for Chronic Pain, pgs. 13-15 and 122, which are part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines (ODG), Topical Analgesics, which is not part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Tricyclics (orally) are recommended. For neuropathic pain the number needed to treat this is 2.3 versus 6.84 SSRIs (Fluoxetine). Antidepressants are a recommended first-line option for pain. Tricyclics are especially recommended if there's associated depression or insomnia, or anxiety with neuropathic pain.

Amitriptyline DT is a tricyclic in a cream. Amitriptyline cream is not an approved drug for use in pain or depression as noted in the ODG guidelines. After a review of the records provided, there is also inadequate documentation to determine the exact use of this drug on the employee. Amitriptyline DT is not medically necessary based on the guidelines mentioned above as well as lack of adequate clinical information supporting its use. **The request for Amitriptyline DT 30gm 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

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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.