MAXIMUS Federal Services

Case Number:	CM13-0021312		
Date Assigned:	11/08/2013	Date of Injury:	05/05/1999
Decision Date:	01/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 05/05/1999. The primary diagnosis is 847.2 or lumbar sprain. Case management notes indicate that this patient is a 64-year-old woman with a history of chronic bilateral pain in the feet, the knees, and the low back, and diagnoses include a chronic muscle spasm, lumbar disc disease, and somatic dysfunction throughout the spine. The patient had been prescribed amitriptyline at least as far back as 11/29/2011 as an adjunct for her pain management and to assist with sleep due to her back pain. The initial medical review stated that current documentation did not support the medical necessity of the requested medication, and medical documentation was insufficient to attest to functional improvement the patient could realize with the prescribed medication. Therefore, the request was noncertified. A followup note from the treating physician of 08/13/2013 states that the patient reported her low back had been very stiff despite having done exercises in the pool as well as on land. The patient denied any lower extremity paresthesias or weakness. The patient was treated with osteopathic treatment with good results, and she was encouraged to continue her home exercise program. A separate authorization request form signed by the treating physician states that the patient continues to need amitriptyline as an adjunct to her pain management and to help with sleep due to her back pain.â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 50mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 122.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Tricylics states, "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." The MTUS Chronic Pain Guidelines support this medication as a first-line treatment for both chronic pain and for sleep difficulties related to chronic pain. The Guidelines do not require strict documentation of functional improvement such as with opioid medications. Indeed, improvement of sleep and subjective pain are appropriate goals and may be reported in general terms by the patient. Overall, the medical records and guidelines do support this medication as indicated and recommended on a chronic basis. The request for Amitriptyline HCL 50mg #60 with 3 refills is medically necessary and appropriate.