

Case Number:	CM13-0026558		
Date Assigned:	11/22/2013	Date of Injury:	02/15/2006
Decision Date:	02/06/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 38 year old female who sustained a work related injury on February 15, 2006. She sustained multiple injuries and was treated with conservative therapies. According to the note of May 9, 2013, the patient complained of right shoulder, wrist and knee pain. In another report, the patient had insomnia and anxiety. The patient was treated with Percocet, Baclofen and Elavil. The latter was discontinued because of side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Amitriptyline HCl 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Amitriptyline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13.

Decision rationale: Amitriptyline is a tricyclic antidepressant. According to MTUS guidelines, tricyclics are generally considered as a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, the patient

discontinued Elavil (Amitriptyline) because of side effects. Based on the above, the prescription of Amitriptyline is not medically necessary.