

Case Number:	CM13-0037320		
Date Assigned:	12/13/2013	Date of Injury:	02/28/2013
Decision Date:	02/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 Psychiatry 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

MTUS (Effective July 18, 2009) has the following to say about Tricyclics : Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references. In this particular case the patient's pain was so severe, that he was treated with Vicodin. There are no indications in the records provided whether Elavil was effective for this patient. Per Guidelines, it is better for a patient to be on a tricyclic for long periods than it would for the patient to be on long term opiate treatment. Elavil provides pain relief in many cases, so it would be easier for a patient to use less opiates with Elavil. Further, in the event that the patient needed or wanted to get off opiates, having Elavil on board would ease this difficult transition. Because this patient is at risk for ongoing opiate use, Elavil is very logical for this case. It is non-addictive and is recommended by the guidelines cited. It is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #120 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS (Effective July 18, 2009) has the following to say about Tricyclics : Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references. In this particular case the patient's pain was so severe, that he was treated with Vicodin. There are no indications in the records provided whether Elavil was effective for this patient. Per Guidelines, it is better for a patient to be on a tricyclic for long periods than it would for the patient to be on long term opiate treatment. Elavil provides pain relief in many cases, so it would be easier for a patient to use less opiates with Elavil. Further, in the event that the patient needed or wanted to get off opiates, having Elavil on board would ease this difficult transition. Because this patient is at risk for ongoing opiate use, Elavil is very logical for this case. It is non-addictive and is recommended by the guidelines cited. It is medically necessary.