

Case Number:	CM13-0043528		
Date Assigned:	12/27/2013	Date of Injury:	06/02/1993
Decision Date:	04/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 65-year-old male with a 6/2/93 date of injury. At the time (10/7/13) of request for authorization for Amitriptyline HCL 25 mg #60, there is documentation of subjective (neck, mid-back, and low back pain rated 8/10; chronic pain; increased in right hip pain) and objective (antalgic gait, TTP cervical, thoracic, and lumbar spine, decreased cervical range of motion, thoracic, and lumbar spine, positive straight leg raise, muscle spasms in the bilateral paravertebral musculature, motor strength 4+/5 bilateral lower extremities, mild tenderness to palpation over the sacroiliac joint and trochanteric bursa) findings, current diagnoses (chronic pain syndrome; opiate dependence/tolerance; degenerative disc disease of cervical, thoracic, and lumbar spine; and myofascial pain syndrome), and treatment to date (home exercise program, and medications (including ongoing use of OxyContin and Oxycodone, and Lyrica). The 8/27/13 medical report identifies a request for a trial of Elavil (Amitriptyline).

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE HCL 25MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stres Chapter, Antidepressants.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. The Official Disability Guidelines identify documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome; opiate dependence/tolerance; degenerative disc disease of cervical, thoracic, and lumbar spine; and myofascial pain syndrome. In addition, there is documentation that this is a request for a trial of Elavil (Amitriptyline). Therefore, based on the guidelines and a review of the documentation provided, the requested Amitriptyline HCL 25mg #60 is medically necessary.