MAXIMUS Federal Services

Case Number:	CM13-0065147		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2012
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Therapy and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 35-year-old male with a date of injury of 09/03/2012. The listed diagnoses per [redacted] are: - Chronic thoracic pain. - Status post distal phalanx fracture of the 4th finger of the left hand. - Chronic lumbosacral pain with negative lumbar MRI scan from 03/11/2013. - Cervical sprain. - Depression secondary to his industrial injury. - Neuropathic pain in the lumbar spine and lower thoracic spine improved with Neurontin. - Dyspepsia secondary to Ultracet. - Chronic intractable pain of the lumbar spine. According to a report dated 10/29/2013, the patient presents with continued low back, bilateral knee and ankle pain. He also has difficulty sleeping due to pain. Examination reveals patient is using a walker. Anteflexion of the trunk on the pelvis allows for 10 degrees of flexion and extension is 0 degrees. Rotation to the left and right are both 5 degrees. Lateral flexion to the left and right are 5 degrees. There is parathoracic tenderness from T9 to T12 and paralumbar tenderness from L1 to L5 with spasm present. There is bilateral sacroiliac tenderness. Tenderness noted of both knees and ankles. Treater notes patient has increase in pain and decreased ability to function and sleep due to delays in getting medication. Recommendation is for continuation of medication and new prescription for Amitriptyline. Patient's medications include Norco 5/325mg, and Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF AMITRIPTYLINE 25MG #30 WITH 3 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANTI-DEPRESSANTS, AND CHRONIC PAIN

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION ON INSOMNIA, SEDATING ANTI- DEPRESSANTS: AMITRIPTYLINE

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with low back, bilateral knee and ankle pain. He also has difficulty sleeping due to pain in his lower back. The treater is requesting a trial of Amitriptyline 25mg. The Utilization review dated 12/06/2013 already certified this request. The MTUS and ACOEM Guidelines do not discuss Amitriptyline. Therefore, ODG Guidelines were referenced. ODG Guidelines has the following regarding Remer on for insomnia, "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, the patient has a clinical diagnosis of depression and has had difficulties sleeping due to pain for some time now. The indication for this medication has been met and a trial at this time is warranted. Recommendation is for approval.