

Case Number:	CM13-0066519		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2002
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 patient is a 55-year-old male who reported an injury on 07/09/2002. The mechanism of injury involved heavy lifting. The patient is diagnosed with chronic lumbar pain, chronic multilevel lumbar degenerative disc disease and disc herniation, chronic left shoulder pain, chronic left cubital tunnel syndrome, chronic cervical pain, and obesity. The patient was recently seen by the provider on 11/12/2013. The patient reported neck and lower back pain as well as bilateral shoulder pain. Physical examination revealed diminished range of motion, paracervical tenderness, parathoracic tenderness, paralumbar tenderness, sacroiliac tenderness, bilateral trochanteric tenderness, positive Tinel's testing at the left elbow, and positive Tinel's testing at the left wrist. The treatment recommendations at that time included continuation of Norco, Elavil, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil (Amitriptyline) 25mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Amitriptyline is indicated for neuropathic pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with numbness and tingling in the bilateral upper and lower extremities. There is no change in the patient's physical examination that would indicate functional improvement as a result of the ongoing use of this medication. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.