

Case Number:	CM14-0100362		
Date Assigned:	07/30/2014	Date of Injury:	08/01/1997
Decision Date:	09/11/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Emergency Medicine and is licensed to practice in New York. 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 61-year-old female who was injured on August 1, 1997. The patient continued to experience insomnia and pain in right shoulder, right hip, and lumbar spine. Physical examination was notable for tenderness over the right acromioclavicular joint, bilateral lumbar paraspinous tenderness, mildly decreased strength in right anterior tibialis and left peroneus longus/brevis and hypesthesia in right L5 and S1 dermatomes. Diagnoses included status post L4-5 and L5-S1 lumbar fusion, residual low back pain with right lower extremity radiculopathy, right hip pain, and right shoulder tendonitis. Treatment included surgery, aquatic therapy, and medications. Request for authorization for Amitriptyline 25 mg, #30 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Amitriptyline 25 mg. # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<http://www.acoempracguides.org>. Low Back; Table 2, Summary Recommendations, Low Back Disorders; Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.online.epocrates.com; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: Amitriptyline is a tricyclic antidepressant. 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the Amitriptyline was prescribed to help with the patient's insomnia in addition to the pain. The patient's Gabapentin was also being titrated to give the patient pain relief. Medical necessity for use of Amitriptyline is not established because the patient's Gabapentin is being adjusted. The patient has not failed the use of Gabapentin. There is little evidence to support the use of Amitriptyline for the treatment of insomnia. Therefore, the request is not medically necessary.