

Case Number:	CM14-0105507		
Date Assigned:	09/16/2014	Date of Injury:	01/07/2013
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 36 year-old male who was reportedly injured on 1/7/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 4/18/2014, indicates that there were ongoing complaints of low back pain that radiates into the right lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation right lower lumbar paraspinal muscles. Positive tightness noted on exam. Straight leg raises positive bilaterally, worse on the right. Slow antalgic gait utilizing a cane. Muscle strength 5/5 except for right EHL which is 4/5. Diagnostic imaging studies include an MRI dated 5/2014 which revealed left Paris central disc protrusion at L5-S1 with mild narrowing of the left foramen. Previous treatment includes medications, Toradol injection, and conservative treatment. A request was made for Amitriptyline 10 mg #60 with three refills and was not certified in the pre-authorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg 1-2 QHS #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: Amitriptyline is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. After review the medical records provided, it is noted the treating physician states the patient is having difficulty sleeping and is given a prescription for amitriptyline at bedtime. Chronic pain medical treatment guidelines recommend tricyclic antidepressants such as amitriptyline as a first-line agent in chronic pain management or in the treatment of neuropathic pain. It appears this medication is not being utilized for any of the above stated conditions. Therefore, this request is not medically necessary.