

Case Number:	CM14-0018860		
Date Assigned:	04/23/2014	Date of Injury:	12/03/2012
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myofascial pain syndrome, lumbar radiculopathy, and chronic pain syndrome reportedly associated with an industrial injury of December 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; adjuvant medications; opioid therapy; and topical compounded drugs. In a Utilization Review Report dated February 10, 2014, the claims administrator denied a request for amitriptyline or Elavil, stating that the applicant was concomitantly using tramadol and that this was an absolute contraindication. The claims administrator also stated that the applicant had not had a precursor EKG and that the request should therefore be denied on those grounds. The applicant's attorney subsequently appealed. In a progress note dated April 15, 2014, the applicant was described as having ongoing issues with chronic low back pain. The applicant was also having issues with insomnia. The applicant was reportedly sleeping less, it was stated and stated that his mood has been altered. The applicant was described as off of work, on total temporary disability. On February 18, 2014, the applicant was again placed off of work, on total temporary disability. Norco was renewed. The applicant was asked to pursue epidural steroid injection therapy. In an earlier note of January 24, 2014, the applicant's treating provider endorsed amitriptyline and Elavil to help with neuropathic pain and difficulty sleeping secondary to pain. It appears that the applicant was again placed off of work on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE 25MG, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline topic, Tricyclic Antidepressants section, & Tramadol section Page(s): 7, 13, 15, 94.

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline or Elavil, a tricyclic antidepressant, is recommended as a first-line agent in the treatment of chronic pain, as is present here. In this case, the applicant is also having issues with mood disturbance and insomnia, making amitriptyline or Elavil a particularly appropriate choice. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a screening Electrocardiogram (EKG) in applicants who are greater than 40 years old, this is a recommendation, not a hard and fast rule. There is no evidence that the applicant carries any diagnoses of coronary artery disease, congestive heart failure, or other cardiac arrhythmia which would make a more compelling case for the EKG in question. Additionally, while page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a combination of tramadol with Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin-Norepinephrine reuptake inhibitors (SNRI)'s, TCAs, MAOIs, and/or Triptans or other drugs which may impair serotonin metabolism could cause potentially serious serotonin syndrome, this is not an absolute contraindication to introduction of Amitriptyline or Elavil. This is a relative contraindication. It is incumbent upon the attending provider to consider comorbid conditions, side effects, applicant preferences, and other medications when making a decision as to which medications to prescribe, as noted on page 7 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Amitriptyline is medically necessary, for all of the stated reasons.