

Case Number:	CM14-0111061		
Date Assigned:	08/01/2014	Date of Injury:	01/26/1998
Decision Date:	10/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 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 64 year old female who was injured on January 26, 1998. The diagnoses listed as lumbago (724.2). The most recent progress note dated 7/9/14, reveals complaints of low back pain, pain is rated a 10 out of 10 on visual analog scale (VAS) score. Physical examination reveals the injured worker is tearful and crying but only after the physician walked into the room moves slowly, neurologically intact. With all the medications she rates pain a 9 out of 10 on VAS. The injured worker reports that she is in too much pain and continues to have significant radiating symptoms down the right lower extremity, activities of daily living such as cooking cleaning, laundering, and self-hygiene. Prior treatment includes medications, Tramadol 30 milligram intramuscular injection on 7/9/14, status post lumbar fusion, detoxification/rehabilitation program (from Klonopin, Valium, OxyContin, Vicodin, and Soma) in 2002, and a three level lumbar fusion surgery in 2011. The injured worker continues to work part time although they are not filling the BuTrans at the pharmacy so she does not have that for pain control. Diagnostic imaging studies of MRIs, was obtained in the hospital at the last ER visit but the report is unavailable for review. According to the claimant they were normal. A prior utilization review determination dated 7/10/14 resulted in denial of Elavil 25 milligrams quantity thirty with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants, Insomnia, Insomnia treatments

Decision rationale: Subsequently the injured worker was afforded a detoxification program. Then in 2011 underwent lumbar fusion. The injured worker has been managed with Butrans, a buprenorphine, topical delivery system as well as three different antidepressants, Wellbutrin, Trazodone and Elavil. Office note from 2/19/14 reveals the injured worker gains some improvement of her mood with Wellbutrin. However the Trazodone and Elavil is to aid her sleep. Insomnia is generally characterized by a comprehensive sleep hygiene history with documentation as to onset, quality, interruption, etc. Furthermore, there needs to be a determination of whether the insomnia is primary or secondary. ODG does not support the use of 2 antidepressants for the treatment of insomnia. Therefore the request for Elavil is not medically necessary.