

Case Number:	CM14-0124427		
Date Assigned:	08/08/2014	Date of Injury:	10/13/2004
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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, Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 reported an injury on 10/13/2004. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis, cervical spondylosis without myelopathy, and cervicgia. The injured worker was evaluated on 07/01/2014 with complaints of persistent lower back pain with radiation into the left lower extremity. Previous conservative treatment includes home exercise, physical therapy, wrist splinting, and medication management. It is noted that the injured worker underwent L4-S1 anterior lumbar interbody fusion on 07/02/2012, right carpal tunnel release in 2013, and right carpal tunnel decompression in 09/2013. The injured worker is also status post cervical epidural injection. The current medication regimen includes Norco 10/325 mg, Amitriptyline 25 mg, Neurontin 600 mg, OxyContin 30 MD, and Prilosec 20 mg. Physical examination revealed restricted lumbar range of motion, negative straight leg rising, diminished sensation in the left lower extremity, and diminished strength in the left lower extremity. Treatment recommendations at that time included continuation of the current medication regimen. There was no DWC Form RFA submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

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

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

Decision rationale: 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. However, the injured worker has continuously utilized this medication since 02/2012. There is no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically necessary.