

<b>Case Number:</b>	CM14-0135636		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/18/1991
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 61 year-old employee with date of injury of 4/18/1991. Medical records indicate the patient is undergoing treatment for lumbosacral spondylosis. Subjective complaints include pain in lower back radiating to left leg, improved by medications and laying down. He notes that he was able to get up and do more things with the stimulator trial. His lumbar pain feels burning, aching, radicular nerve pain and constant that radiates to both legs. Objective findings include decreased lumbar range of motion; sensation/strength normal; tenderness over lumbar facet joints only. Lumbar spine range of motion (ROM) has 45 degrees flexion; 10 extension; 15 of right and left lateral flexion. The patient has pain with lumbar spine ROM. Patrick's test and Reverse Thomas test were positive on the right and left. Depression screening from April 2014 revealed patient had mild depression. Patient had been sleeping 4-6 hours per night and awakens rested. Treatment has consisted of PM&R specialist, oral and patch predications, home exercise program, cane, ESI's, surgery (failed) chiropractic, acupuncture, trigger point injections and spinal cord stimulator trial with non-certification of permanent implantation. Medications have included MS Contin, Amitriptyline (July to Sept 2014), and Fentanyl patch. The utilization review determination was rendered on 8/4/2014 recommending non-certification of Amitriptyline 150mg #30 per month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 150mg #30 per month:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's

**Decision rationale:** MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "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. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)." "The treating physician has not provided evidence of improved pain control, improved function and sleep quality from Amitriptyline. Additionally, 150mg exceeds the recommended maximum daily dosage. As such, the request for Amitriptyline 150mg #30 per month is not medically necessary.