

Case Number:	CM14-0144152		
Date Assigned:	09/12/2014	Date of Injury:	12/01/1998
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52 years old woman who sustained a work related injury on December 1 1998. Subsequently, she developed a chronic back pain. The patient was treated with multiple RFA, pain medications, physical therapy and surgical intervention. The patient was treated with Norco, Oxycontin, Lidoderm patch, Soma, Voltaren, Amitriptyline without clear documentation of efficacy. Her physical examination demonstrated lumbar and cervical tenderness with reduced range of motion and an antalgic gait. Her provider requested authorization to continue Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50mg at bedtime, quantity #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

Decision rationale: According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, the patient was

using Amitriptyline without clear documentation of pain and functional improvement. Based on the above, the prescription for Amitriptyline 50mg at bed time is not medically necessary