

Case Number:	CM14-0163399		
Date Assigned:	10/08/2014	Date of Injury:	06/27/2005
Decision Date:	11/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 () employee who has filed a claim for chronic low back pain, chronic shoulder pain, posttraumatic stress disorder, gastroesophageal reflux disease, hypertension, and reactive airway disease reportedly associated with an industrial injury of June 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; psychotropic medications; and unspecified amounts of cognitive behavioral therapy. In a Utilization Review Report dated September 9, 2014, the claims administrator failed to approve a request for amitriptyline. The claims administrator did not incorporate cited MTUS guidelines into its rationale. The applicant's attorney subsequently appealed. In an April 5, 2014 psychology progress note, handwritten, somewhat difficult to follow, not entirely legible, the applicant was described as having ongoing complaints of depression, anxiety, impaired concentration, tearfulness, and anger. The applicant's medication list and work status were not provided. In a July 23, 2014 progress note, the applicant was asked to begin amitriptyline in order to treat her chronic musculoskeletal pain. Authorization for home health services was sought. The applicant was also asked to continue Wellbutrin, Zoloft, Xanax, Advair, losartan-hydrochlorothiazide, Motrin, Valacyclovir, Norco, and unknown sleep aids. The applicant was described as having persistent complaints of low back pain radiating to the left leg. On August 28, 2014, the applicant stated that she had begun using amitriptyline some two weeks prior, felt better, and reported diminished pain complaints. The applicant stated that she planned to increase her dosage of amitriptyline while slowly tapering off of Zoloft and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

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

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline, the article at issue, is "recommended" in the chronic pain context present here. In this case, the attending provider has posited that introduction of amitriptyline has attenuated the applicant's chronic pain complaints, to some degree, and is apparently facilitating the applicant's transitioning off of other adjuvant medications which were previously tried and failed. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.