

<b>Case Number:</b>	CM14-0177755		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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, has a subspecialty in Interventional Spine 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 63 year old female injured worker suffered an industrial accident on 1/21/2005 when she was reaching for falling boxes, fell and injured the left hip and back. Currently the diagnoses included lumbar degenerative disease cervical, thoracic, and lumbar strain, sciatica, and pain related insomnia/depression. The current medications included Norco, Zoloft, Colace and Amitriptyline (which she had been on since 3/11/2013). The physician's progress note of 9/22/2014 described chronic neck and back pain with radicular symptoms to left lower extremity. The UR decision modified the request for Amitriptyline 25 mg #30 from unknown numbers of refills to 0, approving the dispensing of the medication once.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline Hydrochloride 25 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

**Decision rationale:** The patient presents with pain in her neck, mid and lower back. The request is for Amitriptyline Hydrochloride 25mg #30. The patient has been utilizing Elavil as early as 03/11/2013. MTUS page 13 states that amitriptyline is recommended as a tricyclic antidepressant. "Tricyclic's are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear." The 09/22/2014 report indicates that the patient's sleep has been improved. "She averages about 4 hours of sleep per night without that medication whereas with that medication she averages about 6 hours of sleep per night. Subsequently with the Amitriptyline she is less fatigued during the day and more functional with activities of daily life. The patient notes approximately 40% reduction in her pain and spasm with the use of her medications. The patient rates her pain as 6-7/10 without her medications whereas with her medications her pain is approximately 4/10 in the intensity." The use of this medication for chronic pain and insomnia is supported by the guidelines. The request is medically necessary.