

Case Number:	CM14-0034459		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2000
Decision Date:	10/01/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 patient is a 51-year-old male with complaint of cervical radiculitis status post cervical spine fusion, lumbar radiculitis status post fusion, status post right shoulder surgery x 3, headache, anxiety and depression associated with an industrial injury date of 10/16/2000. Medical records from 2010 to 2014 were reviewed. The most recent progress report from 01/27/14 cited that patient reports headache on a daily basis graded 6-9/10 without medications, and constant neck, upper and lower back pain graded 7-8/10 without medications. Patient reported need for a cane when ambulating and reports that the pain severely impacts his general activity and enjoyment of life, and his ability to concentrate and interact with other people. He likewise complains of being anxious and depressed to a marked degree rated as 10/10 with associated difficulty sleeping. On physical examination, a well healed scar was noted at the anterior aspect of the neck, range of motion of the cervical spine was moderately restricted in all planes, multiple myofascial trigger points and taut bands were noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscle. He was ambulating with a cane and could not perform a heel-toe gait well. Romberg's was positive. Sensation to fine touch and pinprick was decreased in the L4-5 dermatomes bilaterally, dorsiflexion and plantar flexion was weak bilaterally, ankle jerks absent bilaterally and both knee and biceps jerks were hypoactive bilaterally. Assessment was chronic headache secondary to cervical spine injury, status post two surgical procedures to the cervical spine, status post surgery to the lumbar spine at multiple levels with worsening of pain, numbness and weakness of bilateral lower extremities. He was prescribed Depakote and Elavil for his headache as well as meditation, home muscle stretching exercise, aquatic therapy and to follow-up in 6 weeks. No noted overall improvement in the subjective, objective or functional status of the reported neuromusculoskeletal complaints. Treatment to date has included surgery, nerve blocks, physical therapy, aquatic therapy, psychiatric care, medications (Celebrex, Cialis,

Neurontin, Omeprazole, Vesicare, Ultram, Pramoxone lotion, Alprazolam, Citalopram, Rozerem, Temazepam, Hydroxyzine, Ranitidine, Depakote and Elavil since March 2013), and vocational rehabilitation. Utilization review from 02/14/14 denied the request for Elavil 75mg #45. The records failed to demonstrate any overall improvement in the patient's psychiatric and neuromusculoskeletal complaints with the use of Elavil since at least 03/2013. The latest report noted a 10/10 in depression, marked anxiety and difficulty sleeping, without any change in the subjective, objective and functional status per patient's self-reported complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELAVIL 75MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: As stated on pages 13-15 of the CA MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline (Elavil) is recommended to alleviate symptoms of depression. It is also recommended as first-line agent for neuropathic pain, especially if the pain is accompanied by insomnia, anxiety or depression, and is considered as first-line agents unless they are ineffective, poorly tolerated or contraindicated. 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. In this case, patient has been prescribed amitriptyline since March 2013. However, the submitted reports failed to document an overall improvement in the patients psychological and neuromusculoskeletal functioning. The latest report stated that patient still had pain that severely impacts his general activity and enjoyment of life and his ability to concentrate and interact with other people. He also self-reported a 10/10 in the scale for depression and without significant improvements in anxiety and sleep quality. Likewise, patient reported anti-cholinergic side-effects of nausea and dizziness with use of the medications. The medication appears to be ineffective in producing a functional benefit to the patient, therefore, the request for Elavil 75mg #45 is not medically necessary.