

Case Number:	CM14-0046084		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2013
Decision Date:	08/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Texas, Massachusetts and Ohio. 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 injured worker is a 33-year-old male who reported an injury on 12/12/2013. The mechanism of injury was the injured worker was placing shingles on a roof and was approximately 15 feet off the ground. The injured worker slipped and hit a wood fence and then bounced off the ground. The diagnosis included fracture of the spine. Prior treatments included physical therapy and chiropractic care. The documentation of 02/26/2014 revealed the injured worker had a stabbing sensation on the right side of his chest running through the back. The injured worker had complaints of pain to the right side of his low back and buttocks going down the side. The injured worker complained of neck pain causing headaches. The injured worker indicated 2 weeks ago he felt dizzy and saw stars. The documentation indicated the injured worker was taking no medications at the time of the examination. The physician documented with respect to the injured worker's headaches, they occurred daily and almost constantly. They were pulsing in nature. There was no nausea with the headaches; however, there was blurred vision and scotomas. Headaches were associated with photophobia and phonophobia. The injured worker was referred to a neurologist for evaluation of the head injury and subsequent dizziness and tinnitus. The diagnosis included possible chest wall injury, multiple orthopedic injuries, and probable closed head trauma/mild traumatic brain injury with post traumatic headaches and post traumatic head syndrome. The treatment plan included Elavil 25 mg, one tablet at bedtime for headaches; amitriptyline hydrochloride 25 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker was starting the medication. However, it was noted the injured worker was to receive Elavil and amitriptyline, which are the same medication. There was a lack of documentation indicating a necessity for both Elavil and amitriptyline. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation, as this was the first time the injured worker had taken the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for amitriptyline hydrochloride 25 mg, #30 with 5 refills is not medically necessary.