

Case Number:	CM14-0056998		
Date Assigned:	07/09/2014	Date of Injury:	01/28/2003
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 records presented for review indicate that this 53 year old individual was reportedly injured on 1/28/2003. The mechanism of injury is noted as a work related injury while driving. The most recent progress note, dated 5/22/2014 indicates that there are ongoing complaints of right groin, hip, and buttock pain. The physical examination demonstrated: positive diffuse tenderness to palpation right buttock region and groin; lumbar spine limited range of motion with pain; positive growing tenderness on the right; tenderness over the right greater to entern; muscle strength 5/5; deacon reflexes 1+ license bilaterally; one plus patellar bilaterally; and unable to listen Achilles bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medication and physical therapy. A request was made for Amitriptyline 25 milligrams quantity 120 and Amitriptyline 75 milligrams quantity 30, was not certified in the preauthorization process on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Amitriptyline Hydrochloride 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13-15, 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Elavil (Amitriptyline) is a tricyclic antidepressant medication. This medication is considered a first line option in the treatment on neuropathic pain and in some clinical settings for non-neuropathic pain when there is underlying depression. Treatment efficacy should be assessed by pain outcomes, functional improvement, changes in the use of other medications, sleep quality and psychological assessment. Therefore, this request is deemed not medically necessary.

30 Tablets of Amitriptyline Hydrochloride 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13-15, 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Elavil (Amitriptyline) is a tricyclic antidepressant medication. This medication is considered a first line option in the treatment on neuropathic pain and in some clinical settings for nonneuropathic pain when there is underlying depression. Treatment efficacy should be assessed by pain outcomes, functional improvement, changes in the use of other medications, sleep quality and psychological assessment. Therefore this request is deemed not medically necessary.