MAXIMUS Federal Services

Case Number:	CM14-0059689		
Date Assigned:	07/09/2014	Date of Injury:	10/16/2000
Decision Date:	09/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/30/2014

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 injured worker is a 63-year-old male who reported an injury on 10/16/2000 due to an unknown mechanism. Diagnoses were post traumatic discogenic disease of C-spine and thoracic spine, right shoulder old injury. Past treatments were not reported. Diagnostic studies were not reported. He had spinal surgery in 2004 and 2005. The injured worker had a physical examination on 05/06/2014 with many complaints. The injured worker stated he could not sleep or do anything. His pain level went above 10 without pain medication and with pain medication, the level went to about 6-7/10. He stated he really did not care about the addiction and tolerance because he knew he was going to need this medication for the rest of his life. Examination of the cervical spine revealed extremely tender at the C2-7 area. Tenderness was a 4+ with muscle spasms. Movement was painful. Thoracic spine revealed tenderness present at a 4+ with muscle spasm and movement was very painful and restricted. Examination of the right arm revealed motor strength was 1/5. There was much more hypoesthesia in the right arm. Right shoulder examination revealed tenderness in the right shoulder at a 4+. Movement was not beyond 15 degrees. Left arm motor strength was a 1-2/5 and there was marked hypoesthesia all over. Medications were fentanyl patch 100 mcg, 1 every 2 days, hydrocodone 10/325, 2 tablets 4 times daily, Elavil 100 mg at bedtime as needed. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline (Elavil), 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cervical and Thoracic Spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants, Tricyclic Antidepressants Page(s): 15.

Decision rationale: The request for amitriptyline (Elavil), 100 mg, quantity 30 is non-certified. The California Medical Treatment Utilization Schedule states that amitriptyline is recommended for neuropathic pain. It is also indicated for the treatment of fibromyalgia. It is a tricyclic antidepressant and is recommended over selective serotonin reuptake inhibitors (SSRI), unless at first reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic depressants had been shown in both a meta-analysis in a systematic review to be effective, and are considered a first line treatment for neuropathic pain. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.