

Case Number:	CM14-0061074		
Date Assigned:	09/05/2014	Date of Injury:	12/01/1997
Decision Date:	10/30/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 Internal 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 an injured worker with the diagnoses of chronic low back pain, lumbar spondylosis, status post low back surgery twice in the past, and intermittent left lower extremity radiculitis. Date of injury was 11/01/1997. Mechanism of injury was pushing a wheelchair. Primary treating physician progress note dated March 14, 2014 documented subjective complaints of low back pain. She stated that about a month ago, she ended up in the emergency department due to extreme low back pain and she had difficulty lifting her left leg. She was given a shot of Dilaudid and Prednisone tapering dose per her report. Her pain level ranges between 3 and 5/10. Medications included Celebrex, Robaxin, Elavil 25 mg daily, and Vicodin. Physical examination was documented. Lumbar flexion was 60-70 degrees, extension to 15 degrees. There is mild tenderness in the thoracolumbar spine. Neurological exam is intact. Diagnoses were chronic low back pain, lumbar spondylosis, status post low back surgery twice in the past, and intermittent left lower extremity radiculitis. The treatment plan included home exercise program and stretching, medications, and TENS unit. Utilization review determination date was 4/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Antidepressants for chronic pain Page(s): 13 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. Medical records document the diagnoses of chronic low back pain, lumbar spondylosis, status post low back surgery twice in the past, and intermittent left lower extremity radiculitis. Medications included Celebrex, Robaxin, Elavil 25 mg daily, and Vicodin. MTUS guidelines recommend the use of Amitriptyline (Elavil) for chronic pain. Therefore, the request for Elavil 25mg #60 is medically necessary.