

Case Number:	CM14-0061314		
Date Assigned:	07/09/2014	Date of Injury:	05/12/2003
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Practice, 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:

36 yr. old male claimant sustained a work injury on 5/12/03 involving the neck and back. He was diagnosed with cervical and lumbar strain. He had been treated with oral analgesics including Tylenol, Naproxen, Tizandine, Gabapentin and Elavil since at least 9/2012. A progress note on 3/26/13 indicated the claimant had continued burning and tingling pain in the low back and spine. The pain was 8/10. Exam findings included decreased range of motion of the shoulder and cervical spine. There were moderate spasms in the trapezial and supraspinatus regions of both shoulders. The claimant was continued on the above medication including Elavil 25 mg nightly. His pain level and exam findings were similar to 9/11/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-

line treatment for neuropathic pain. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia ,painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Elavil is a tricyclic. The claimant has used this along with NSAIDs, Opioids, and muscle relaxants for over a year. There has been no improvement in pain or function. The continued use of Elavil is not medically necessary.