

Case Number:	CM14-0068683		
Date Assigned:	07/14/2014	Date of Injury:	10/13/2012
Decision Date:	09/09/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 Preventive 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:

According to the records made available for review, this is a 27-year-old female with a 10/13/12 date of injury. At the time (4/1/14) of request for authorization for 1 Prescription for Elavil 10mg #30 with 3 refills, there is documentation of subjective (neck, upper back, and right shoulder pain) and objective (neck flexion 25 degrees, extension 30 degrees, rotation to left 70 degrees, rotation to right 60 degrees, lateral flexion 10 degrees bilaterally, right shoulder abduction 160 degrees, extension 20 degrees, flexion 120 degrees, left shoulder abduction 150 degrees, extension 30 degrees, flexion 140 degrees, right shoulder rotator cuff tenderness with right supraspinatus and infraspinatus tenderness, paracervical tenderness from C2 to C7-T1 with parathoracic tenderness from T1 to T7, and no paralumbar tenderness noted) findings. The current diagnoses are chronic cervical pain, chronic thoracic myofascial pain, history of lumbar myofascial pain, probable muscle contraction headaches, bilateral shoulder sprain, dyspepsia due to ibuprofen, and morbid obesity. The treatment to date includes medications (including ongoing treatment with Ibuprofen and Amitriptyline). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Elavil use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Elavil 10mg #30 with 3 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 for chronic pain Page(s): 13-14.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic cervical pain, chronic thoracic myofascial pain, history of lumbar myofascial pain, probable muscle contraction headaches, bilateral shoulder sprain, dyspepsia due to ibuprofen, and morbid obesity. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Elavil, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Elavil use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription for Elavil 10mg #30 with 3 refills is not medically necessary.