

Case Number:	CM14-0070939		
Date Assigned:	07/16/2014	Date of Injury:	07/25/2005
Decision Date:	10/01/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43 year old female who sustained an injury on 07/25/05 while bending over to pick up a piece of equipment. The injured worker developed complaints of low back pain. Prior treatment has included physical therapy, the use of injections, as well as medications. The injured worker is noted to have had a prior L5-S1 lumbar fusion completed in September of 2006. The injured worker did continue to utilize medications for ongoing low back pain. The injured worker's prior medication history included MS Contin, Norco, Omeprazole, Amitriptyline, and Baclofen. As of 04/14/14, the injured worker was reporting constipation with the use of MS Contin. The injured worker was also utilizing Baclofen, Amitriptyline, and Norco. On physical examination, there was significant loss of lumbar range of motion. The requested Elavil 50mg, quantity 30 with 2 refills was denied by utilization review on 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50 mg Qty 30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13. Decision based on Non-MTUS Citation Official Disabilities Guidelines

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

Decision rationale: Elavil is a tricyclic antidepressant that can be utilized for the treatment of depression, chronic neuropathic pain, as well as a sleep aide. The injured worker had been utilizing Amitriptyline on a long term basis. The clinical documentation submitted for review did not discuss any recent indications for the use of this medication. It is unclear what the efficacy has been for this medication that would have supported its ongoing use. Given the very limited discussion regarding this medication to support continuing prescriptions, this request is not medically necessary.