MAXIMUS Federal Services

Case Number:	CM14-0074950		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2007
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 Occupational 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:

This is a 54-year-old female with a date of injury of 5/7/07. The mechanism of injury was not noted. On 6/10/14, the provider noted that the patient is being treated for Irritable Bowel Syndrome (IBS) and heartburn. She was prescribed Librax, which was helpful but this was not approved. The provider prescribed Elavil but it was denied. However, since that time she was started on fluvoxamine by her psychiatrist. To avoid interactions with tricyclics, the provider discontinued the Elavil and the patient was prescribed hyoscyamine, and advised to increase fiber in her diet. On a progress report dated 4/15/14, handwritten, the patient's meds were denied and she complained of abdominal cramping. Objective findings were illegible. It was noted that he provider was prescribing Elavil for symptomatic relief. The diagnostic impression is Irritable Bowel Syndrome (IBS). A UR decision dated 4/23/14 denied the request for Elavil 10mg #75 with 1 refill. The Elavil was denied because the medical file documents Irritable Bowel Syndrome. The medical file fails to document current status, therapy, or physical findings related to an injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg #75-100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antidepressants.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, there is no documentation of neuropathic pain, or non-neuropathic pain. The patient was prescribed Elavil for IBS. In addition, it was noted that the patient had fluvoxamine prescribed by her psychiatrist. The requesting physician discontinued the Elavil, (which was not approved) and prescribed hyoscamine to replace the Elavil for IBS. This was done to avoid any interactions with the tricyclics and the fluvoxamine. Therefore, the request for Elavil 10mg three times a day, #75 - #100 with 1 refill is not medically necessary.