

Case Number:	CM14-0096619		
Date Assigned:	07/28/2014	Date of Injury:	06/10/1999
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Management and is licensed to practice in Tennessee. 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 64-year-old female with a 6/10/99 date of injury. At the time (6/4/14) of the request for authorization for Elavil 25 mg, QTY: 30, there is documentation of subjective (throbbing pain in her right knee and weakness) and objective (disuse atrophy in the right thigh and calf, flexion 110 degrees, extension 0 degrees, crepitus on passive range of motion, patellar compression is very painful, some valgus laxity with stress testing of the medial aspect of the knee joint, some ongoing signs of allodynia to light touch and summation to pinprick, right lower extremity is much colder than the left lower extremity) findings, current diagnoses (development of severe complex regional pain syndrome right lower extremity, with sprain/strain injury to the right knee joint with significant disuse atrophy), and treatment to date (medication including Elavil for over a year). 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 with use of Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 mg, QTY: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

Decision rationale: The 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. The ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of development of severe complex regional pain syndrome right lower extremity, with sprain/strain injury to the right knee joint with significant disuse atrophy. In addition, there is documentation of chronic pain and treatment with Elavil for over a year. However, 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 with use of Elavil. Therefore, based on guidelines and a review of the evidence, the request for Elavil 25 mg, QTY: 30 is not medically necessary.