

Case Number:	CM14-0099485		
Date Assigned:	07/28/2014	Date of Injury:	08/02/2012
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, neck pain, and back pain reportedly associated with an industrial injury of August 2, 2012. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; a cane; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated June 28, 2014, the claims administrator denied a request for Amitriptyline on the grounds that the applicant had reportedly failed to improve with the same. The applicant's attorney subsequently appealed. On August 21, 2014, the applicant underwent epidural steroid injection therapy. In an April 2, 2014 progress note, the applicant reported persistent complaints of low back pain, 8/10 with associated paresthesias about the hands and digits. The applicant stated that medications made him tired. The applicant also reported issues with dry mouth in the mornings. Consultation with a spine surgeon was sought for ongoing complaints of neck pain. Flexeril, Amitriptyline, Norco and work restrictions were endorsed. It was not stated whether or not the applicant was working or not with said limitations in place. It was not readily apparent whether or not the medication request represented a renewal request versus first time request. In a medical-legal evaluation of March 17, 2014, the applicant was seemingly described as worried about whether or not he will able to return to work, implying that he was not, in fact, working. Fatigue, pain, depression, and anxiety were reported. The applicant was receiving indemnity payments from his claims administrator, it was stated. The applicant was very concerned about his psychiatric and vocational status. The medical legal evaluator suggested that the applicant was total temporarily disabled from a medical perspective. On May 28, 2014, the applicant was given prescriptions for Flexeril, Amitriptyline, Norco, and Prilosec. The applicant stated that his pain levels were rated at 7 to 8/10 without medications versus 5 to 6/10 with medications. The applicant stated that performance of even minimal activities of daily

living, such as lifting, was aggravating his pain. The applicant also had issues with paresthesias, which were still evident, despite ongoing medication usage, it was noted. The applicant had difficulty performing gripping, grasping, and other activities of daily living, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline topic Page(s): 7, 13.

Decision rationale: The information on file seemingly suggested that the applicant is receiving this medication from his medical provider, for neuropathic pain purposes. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend Amitriptyline, the article at issue here, as a first line agent in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, ongoing usage of Amitriptyline has failed to generate any lasting benefit or functional improvement. The applicant remains off of work. The applicant remains depressed. The applicant continues to report difficulty performing even basic activities of daily living such as lifting, carrying, gripping, grasping, etc. The applicant remains highly reliant and highly dependent on opioid agents such as Norco. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Amitriptyline usage. Therefore, the request is not medically necessary.