

Case Number:	CM14-0189020		
Date Assigned:	11/19/2014	Date of Injury:	11/29/2012
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury with separate injuries to both elbows. He has a date of injury of 11/29/12. He was seen by the requesting provider on 10/10/14. He was having bilateral elbow pain radiating into his hands. EMG/NCS testing had been negative. Prior medications had included ibuprofen and Naprosyn. Physical examination findings included right shoulder crepitus with rotator cuff tenderness. He had bilateral medial epicondyle tenderness. Imaging results were reviewed with an MRI scan showing findings consistent with a right wrist extensor tendon tear. Voltaren gel and amitriptyline were prescribed for chronic pain. Authorization for further evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Elavil 25mg with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline-Anti-depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating bilateral elbow pain. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. In this case, the requested dosing is within guideline recommendation. Therefore, the requested 30 Tablets of Elavil 25mg with 3 refills is medically necessary.