

Case Number:	CM14-0189839		
Date Assigned:	11/20/2014	Date of Injury:	03/27/2014
Decision Date:	01/08/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 Interventional Spine 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 patient is a 37 year old female with an injury date on 3/27/14. Patient complains of numbness/dysesthesias in bilateral lower extremities per 9/2/14 report., and a loss of vaginal sensation (although she has control) per 9/11/14 report. The patient states that on rare occasions, she receives a fleeting sensation and can have feeling in her bowel/bladder but otherwise she cannot per 9/2/14 report. She had back pain and increasing leg pain, with recent onset of stress incontinence per 5/24/14 report. She also had radiating right buttock/leg pain, with right foot weakness and right greater toe numbness, total pain rated 8/10 per 5/21/14 report. Based on the 10/2/14 progress report provided by the treating physician, the diagnoses are: 1. Sciatica, 2. lumbar spondylosis with myelopathy, 3. right foot drop, 4. NSAID gastritis, 5. Depression. Most recent physical exam on 5/24/14 showed "slightly decreased sensory exam of perirectal area. Motor is 5/5 except right foot eversion and extensor hallucis which are 4/5." The patient's treatment history includes medications (Norco, Celebrex, Prilosec, Tramadol) but no invasive measures. The treating physician is requesting refill of Elavil 25mg Quantity: 30 DOS 11/3/14 with 2 refills. The utilization review determination being challenged is dated 10/10/14 and modifies Elavil to #30 with no refills, as a trial is consistent with guidelines, but documentation is required for multiple refills. The requesting physician provided treatment reports from 5/21/14 to 11/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Elavil 25mg QTY 30 DOS: 11/3/14, with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain; Antidepressants Medications for chronic pain Page(s): 13-16; 60,61.

Decision rationale: This patient presents with back pain and numbness/dysesthesia in bilateral lower extremities and is s/p emergent right L5-S1 hemilaminotomy, discectomy for cauda equina type syndrome from July 2014. The treater has asked for 3 Refills of Elavil 25mg quantity: 30 DOS 11/3/14 with 2 refills but the requesting progress report is not included in the provided documentation. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the patient has no history of taking Elavil. Regarding medications for chronic pain, MTUS pg. 60 states that a record of pain and function should be recorded. The requested trial of Elavil 25mg #60 is reasonable for the patient's chronic pain condition with cauda equina type syndrome. The request is medically necessary.