

Case Number:	CM14-0191337		
Date Assigned:	11/25/2014	Date of Injury:	09/09/2009
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 47 year old male patient who sustained a work related injury on 9/9/2009. The exact mechanism of injury was not specified in the records provided. The current diagnoses include polyneuropathy and cervical stenosis; Status post cervical fusion 2012. Per the doctor's note dated 9/23/14, patient had complaints of hypersensitivity of thumb and pain between shoulder blades with occasional radiating pain to left upper cervical region with extension to the occipitoparietal level and weakness of the entire left upper extremity. Physical examination revealed subjective examination reveals hypalgesia of the C6 distribution on the left. The current medication lists include a Flector patch and gabapentin. He has computerized tomography scan of the cervical spine on dated 08/27/2014, that revealed status post C5-C7 sideotomy and interbody fusion with evidence of disc collapse at C3-4 and C4-C5 levels, solid inter body bone bridging, right paracentral disc protrusion at C4-5, measuring 5mm, along with central spinal canal stenosis; an unofficial nerve conduction study which revealed polyneuropathy, secondary to symptomatic and neuropathic process; X-ray of lumbar spine that revealed post-surgical changes; MRJ or cervical spine dated July 13, 2011 that revealed changes at C6-C7, secondary to severe canal stenosis with loss of subarachnoid space. The patient's surgical history include cervical fusion at C5-C6, C6-C7 on December 6, 2011; On April 8, 2013, C5-C6, C6-C7 laminotomy and foraminotomy and low back surgery. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #60: Overturned

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

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

Decision rationale: According to the CA MTUS chronic pain guidelines antidepressant are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The current diagnoses include polyneuropathy and cervical stenosis; Status post cervical fusion 2012 Per the doctor's note dated 9/23/14, patient had complaints of hypersensitivity of thumb and pain between shoulder blades with occasional radiating pain to left upper cervical region with extension to the occipitoparietal level and weakness of the entire left upper extremity. Physical examination revealed subjective examination reveals hypalgesia of the C6 distribution on the left, He has computerized tomography scan of the cervical spine on dated 08/27/2014, that revealed status post C5-C7 discectomy and interbody fusion with evidence of disc collapse at C3-4 and C4- C5 levels, solid interbody bone bridging, right paracentral disc protrusion at C4-5, measuring 5mm, along with central spinal canal stenosis; an unofficial nerve conduction study which revealed polyneuropathy, secondary to symptomatic and neuropathic process; X-ray of lumbar spine that revealed post surgical changes; MRI of cervical spine dated July 13, 2011 that revealed changes at C6-C7, secondary to severe canal stenosis with loss of subarachnoid space. The patient's surgical history includes cervical fusion at C5-C6, C6-C7 on December 6, 2011; On April 8, 2013, C5-C6, C6-C7 laminotomy and foraminotomy and low back surgery. Tricyclic antidepressant is recommended as a first line option for neuropathic pain. The medical necessity of the request for Amitriptyline 25mg #60 is established in this patient.