

<b>Case Number:</b>	CM14-0193612		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Practice 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 57 year old claimant sustained a work injury on 1/27/10 involving the low back. He had a compression fracture of the L3 spine. He was diagnosed with multi-level degenerative disc disease on an MRI in 2012. He had undergone physical therapy. Since at least December 2012, he had been on oral analgesics (opioids and NSAIDS) and Elavil for pain. A progress note on 9/23/14 indicated the claimant had continued back pain with paravertebral tenderness and paraspinal spasms. There was chronic bilateral lower extremity dysesthesias. The claimant was on Tramadol and Tylenol at the time. The physician requested use of Amitriptyline (Elavil) 25 mg at night for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Elavil (Amitriptyline) 25mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline (Elavil).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

**Decision rationale:** According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatinum

neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. There were no neuropathic symptoms. The request is not medically necessary.