

Case Number:	CM14-0198663		
Date Assigned:	12/09/2014	Date of Injury:	08/26/2009
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/26/2014

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 low back pain reportedly associated with an industrial injury of August 26, 2009. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for Elavil. The claims administrator referenced an October 27, 2014 progress note in its denial. The claims administrator stated that the applicant is status post earlier lumbar spine surgery and had been previously given permanent work restrictions. The applicant's attorney subsequently appealed. On April 7, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was seemingly status post lumbar spine surgery. Work restrictions were seemingly endorsed, although it was not clearly stated whether the applicant was or was not working. In a progress note dated April 29, 2014 the applicant reported ongoing complaints of low back pain status post lumbar fusion surgery. Restoril and Vicodin were endorsed. On May 6, 2014, the applicant reported ongoing complaints of low back pain radiating to the leg. The applicant was placed off of work, on total temporary disability, for two weeks, while medications were renewed. On May 29, 2014, the applicant was again placed off of work owing to ongoing complaints of neck pain. In an Agreed Medical Evaluation (AME) dated June 25, 2014, the medical-legal evaluator acknowledged that the applicant had been terminated by her former employer. The applicant had last worked in August 2012. The applicant was using Vicodin, tramadol, Zestril, Colace, Prilosec, Motrin, and Restoril, it was stated in certain sections of the note. The medical-legal evaluator did allude to another progress note of December 30, 2011 in which the applicant was reportedly using a variety of other medications, including Neurontin and Elavil, as of that point in time. On June 30, 2014, the applicant's primary treating provider recommended that the applicant continue taking tramadol, Elavil, and Prilosec. A rather proscriptive permanent 10-pound lifting limitation was imposed. There was no explicit

discussion of medication efficacy. The applicant stated that she had continued difficulty doing major grocery shopping and difficulty bending over to work in the kitchen. The applicant also stated that standing, walking, driving, kneeling, squatting, stooping, twisting, and bending all remained problematic. The applicant stated that she was working in home doing home-based sales. The applicant was using tramadol and stated that her medications were allowing her to live with the pain. The applicant was advised to continue strengthening exercises and home exercises. On October 27, 2014, the applicant was given renewals of tramadol for pain, Elavil for sleep, and Prilosec for stomach upset. There was no explicit discussion of medication efficacy. A 4-6/10 pain was noted. Limited range of motion was also evident. It was stated that the applicant was doing "light work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 MG 1 By Mouth At Night Time 3 Months Supply Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

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

Decision rationale: As noted on page 13 of the California MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline (Elavil), a tricyclic antidepressant, is "recommended" in the chronic pain context present here. In this case, the attending provider's progress notes and reporting, while admittedly incomplete, do suggest that the applicant is deriving appropriate reduction in pain scores and an appropriate ability to perform home exercises as a result of ongoing medication usage, including ongoing Elavil usage. The attending provider has, furthermore, suggested that the Elavil is being used for both pain and sleep purposes. The applicant's self-reports of adequate analgesic medications are seemingly augmented here by her successful return to part-time work doing home sales. Continuing Elavil, thus, was indicated in the face of the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.