

Case Number:	CM14-0200426		
Date Assigned:	12/10/2014	Date of Injury:	12/01/1998
Decision Date:	01/28/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 neck, back, wrist, and foot pain reportedly associated with an industrial injury of December 1, 1998. In a Utilization Review Report dated November 15, 2014, the claims administrator failed to approve a request for amitriptyline (Elavil). The claims administrator did not clearly identify which progress notes its decision was based on but did state that it had reviewed RFA forms of August 21, 2014, September 29, 2014, October 29, 2014, and November 12, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2014, the applicant reported ongoing complaints of wrist, neck, and foot pain. The applicant's pain complaints were scored 5/10 with medications versus 7/10 without medications in one section of the note and 9/10 without medications versus 7/10 with medications in another section of the note. It was stated that the applicant's complete medication list reportedly included Ambien, MiraLax, Senna, Phenergan, Voltaren, Lidoderm, OxyContin, Norco, Soma, and Elavil. It was stated that the applicant was using Elavil for neuropathic pain. It was stated that the applicant should employ amitriptyline (Elavil) at a heightened dose of 50 mg nightly for a residual neuropathic pain on the grounds that the applicant has failed Neurontin, Cymbalta, and Lyrica. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE HCL 50MG: Overturned

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

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

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline (Elavil) is recommended as a first-line agent for chronic pain, as is present here. The attending provider posited that earlier usage of amitriptyline (Elavil) at a rate of 25 mg nightly was inadequately and/or insufficiently attenuating the applicant's neuropathic pain complaints. Usage of amitriptyline at the higher, 50-mg dosage proposed by the attending provider, thus, was indicated on or around the date in question, September 4, 2014. Therefore, the request was medically necessary.