MAXIMUS Federal Services

Case Number:	CM15-0102545		
Date Assigned:	06/04/2015	Date of Injury:	09/04/2003
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 73 year old female with a September 4, 2003 date of injury. A progress note dated April 22, 2015 documents subjective findings (ongoing low back and bilateral lower extremity pain; neck pain; left arm pain; pain rated at a level of 7/10 without pain medications and 4-5/10 with pain medications; occasional constipation that is mostly well controlled with diet; sleeplessness), objective findings (assisted by a cane; spasm and tenderness of the cervical paravertebral muscles on the left; restricted range of motion of the lumbar spine; tenderness and tight muscle band noted in the lumbar paravertebral muscles on both sides; positive straight leg raise test; cannot externally rotate bilateral upper extremities; guarding and weakness of the bilateral upper extremities; tenderness to palpation over acromioclavicular joint), and current diagnoses (lumbago; thoracic or lumbosacral neuritis or radiculitis; intervertebral disc disorder). Treatments to date have included home exercise, physical therapy, and medications. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Elavil 25mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Elavil/Amitriptyline is a tricyclic antidepressant. Amitryptylines are recommended as first line treatment for chronic neuropathic pains unless there is side effects or is not effective. These class of medications have very low threshold for toxicity and close monitoring must be considered. Patient has attempted neurontin in the past with intolerable side effects. Provider plans a trial for chronic neuropathic pain and sleep issues. As per MTUS Guidelines, a trial requires monitoring of good outcome to determine if medication should be continued or switched to another first line agent. A trial of Elavil meets MTUS guideline criteria. Elavil is medically necessary.