

Case Number:	CM15-0107873		
Date Assigned:	06/12/2015	Date of Injury:	11/12/2012
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 57-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 12, 2012. In a Utilization Review report dated May 15, 2015, the claims administrator partially approved a request for Elavil (amitriptyline). The claims administrator referenced a RFA form received on May 11, 2015 and an associated progress note of May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of knee pain with an associated limp. The applicant was using Norco, Colace, Elavil, and Zanaflex, it was reported. The applicant was using Elavil at a rate of two to three tablets nightly, it was reported. The attending provider stated that ongoing usage of Elavil had not been particularly helpful in term of ameliorating issues of sleep disturbance. The attending provider stated that the applicant would struggle to do any exercise, cooking and/or cleaning without her medications. The applicant was not working, it was acknowledged, following imposition of permanent work restrictions. Norco, Elavil, and Zanaflex were continued and/or renewed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Amitriptyline; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: No, the request for amitriptyline (Elavil) was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing usage of Elavil (amitriptyline). The attending provider reported on May 4, 2015 that ongoing usage of amitriptyline was not, in fact, ameliorating the applicant's issues with sleep disturbance. Ongoing usage of amitriptyline had likewise failed to curtail the applicant's dependence on opioid agents such as Norco. Ongoing usage of Elavil (amitriptyline) has failed to diminish the applicant's work restrictions from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.