

Case Number:	CM15-0130164		
Date Assigned:	07/16/2015	Date of Injury:	12/02/1987
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 71-year-old male who sustained an industrial /work injury on 12/2/87. He reported an initial complaint of pain in lower back that radiated to the legs. The injured worker was diagnosed as having chronic back pain post laminectomy syndrome. Treatment to date includes medication, physical therapy, home exercise program, chiropractic treatment, H-wave, spinal cord stimulator in 2003 and removed in 9/24/14, and surgery (lumbar spine fusion in 2001, 2002). MRI results were reported on 11/11/14. Currently, the injured worker complained of back pain with concern of medication and history of addiction. Pain was rated 3/10 and worst at 10/10. Per the primary physician's report (PR-2) on 5/7/15, exam noted limited range of motion to the neck was limited, right trapezius was painful, muscle strength at 5/5 at the extensors and flexors of the elbow, full range of motion to both upper extremities, normal gait, flexion was painful, full range of motion to the lower extremities, deep tendon reflexes were 2/4. Current plan of care included stim-wave and medications. The requested treatments include Amitriptyline (Elavil) 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline (Elavil) 25mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient presents with pain in the lumbosacral junction to the top of the feet. About 50% of his pain is in the back and 50% in the leg. The request is for AMITRIPTYLINE (ELAVIL) 25MG #30. The request for authorization is dated the patient is status post fusion of lumbar spine, 2001, 2002 Right total knee arthroplasty, 2011. He reports 50% relief from the opioids. He states that with the opioids, he is able to walk up to 2 miles, do 20 minutes on the elliptical, go swimming and go shopping. He has no signs of abuse or diversion. Patient states that he is not receiving therapy. He is doing a home exercise program. The patient's medications include Elavil, Norco, Gabapentin, Lipitor, Advair, Augmentin, Celexa, Lisinopril, Dymista, Combivent, Xanax and Soma. UDS on 05/07/15. CURES, 06/08/15 no provider overlaps with analgesic. Per progress report dated 07/07/15, the patient is retired. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Per progress report dated 06/08/15, treater's reason for the request is "I will provide some Elavil for sleep." This appears to be the initial trial prescription of Amitriptyline. Since this is the initial prescription, treater has not had an opportunity to document the medication efficacy for pain assessment and function improvement. Therefore, the request IS medically necessary.