

Case Number:	CM15-0130245		
Date Assigned:	07/16/2015	Date of Injury:	05/25/2004
Decision Date:	08/12/2015	UR Denial Date:	06/11/2015
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: 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:

The injured worker is a(n) 57 year old male, who sustained an industrial injury on 5/25/04. He reported injury to his lower back after a 30-foot fall off a roof. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculitis and chronic pain syndrome. Treatment to date has included physical therapy, a lumbar epidural injection on 11/1/14 with good results, a TENs unit, Gabapentin, Naproxen, Omeprazole and Elavil since at least 11/11/13. As of the PR2 dated 6/2/15, the injured worker reported more pain at night and is unable to sleep without using Elavil. He rates his pain a 2-3/10 with medications and after injection, and an 8- 9/10 without medications and injections. Objective findings include minimal tenderness to palpation in the paraspinous muscles, a negative straight leg raise test and 5/5 bilateral lower extremity strength. The treating physician requested Elavil 25mg #30 x 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30 with 5 refills: Upheld

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

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

Decision rationale: The requested Elavil 25mg #30 with 5 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has low back pain with radiation to the left lower extremity. The injured worker has more pain at night and is unable to sleep without using Elavil. He rates his pain a 2-3/10 with medications and after injection and an 8-9/10 without medications and injections. Objective findings include minimal tenderness to palpation in the paraspinous muscles, a negative straight leg raise test and 5/5 bilateral lower extremity strength. The treating physician has not documented objective evidence of derived functional benefit, nor the medical necessity for 5 refills without re-evaluation. The criteria noted above not having been met, Elavil 25mg #30 with 5 refills is not medically necessary.