

Case Number:	CM15-0134447		
Date Assigned:	07/22/2015	Date of Injury:	08/02/2007
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial injury on 08/02/2007. He has reported injury to the right ankle and left knee. The diagnoses have included pain in ankle, right; right ankle sprain; left knee pain; left knee sprain/degeneration; internal derangement of left knee; popliteal cyst, left knee; status post left knee arthroscopic partial medial meniscectomy, on 12/19/2014; and chronic pain syndrome. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Naproxen, Norco, Terocin Patch, Elavil, Tramadol, Cidaflex with Glucosamine; Docuprene, and Prilosec. A progress report from the treating physician, dated 06/02/2015, documented an evaluation with the injured worker. Currently the injured worker complains of persistent pain in the right ankle; persistent pain and swelling in the left knee; he is able to walk and drive with current regime; he wants increased medications; he has more pain in the knee, especially after exercising; currently in school; the Elavil is making him too sleepy; and he is unable to taper down on the patches. Objective findings included left knee is tender to palpation, especially the medial compartment; pain with range of motion; range of motion of the left knee is 90% of normal; positive crepitus of the left knee; swelling present of the left knee, anterior and posterior; swelling in posterior knee with synovial cyst; and swelling to the right foot. The treatment plan has included the request for Elavil tab 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil tab 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Elavil tab 50mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that anti-epileptics can be used for neuropathic pain. The MTUS guidelines state that after initiation of anti-epileptics such as Elavil treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Elavil however this medication makes him sleepy. Furthermore, the recent documentation does not indicate that the patient's symptoms are neuropathic in nature therefore the request for Elavil is not medically necessary.