

<b>Case Number:</b>	CM15-0137500		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 10, 2010. In a Utilization Review report dated July 9, 2015, the claims administrator partially approved a request for Elavil while denying a request for Colace outright. The claims administrator referenced a report received on July 1, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated July 15, 2015, the attending provider appealed previously denied Colace. The attending provider stated that Colace was being employed for actual symptoms of constipation. In a July 22, 2015 progress note, the attending provider noted that the applicant was using Percocet, Elavil, and Colace. It was not explicitly stated for what purpose Elavil was being employed at this point. The applicant was given a 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated. On June 24, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant had been struggling well with sleep, it was reported. Amitriptyline, Norco, Duragesic, and Colace were prescribed. It was suggested on this date that Elavil was being employed for sleep purpose and/or for neuropathic pain purposes. The request was framed as a first-time request. An earlier note of November 11, 2014 made no mention of the applicant's using Elavil at that point. Similarly, a May 27, 2015 progress note also made no mention of the applicant's using Elavil at that point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 10mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 348.

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

**Decision rationale:** Yes, the request for Elavil (amitriptyline) was medically necessary, medically appropriate, and indicated here. As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants such as Elavil do represent a first-line agent for neuropathic pain purposes and/or also possibly for non-neuropathic pain. Here, the applicant reported multifocal complaints of chronic neck, low back, and shoulder pain. The attending provider seemingly suggested that the applicant had a neuropathic or radicular component to his low back pain complaints. The request for Elavil was framed as a first-time request for Elavil, initiated on June 24, 2015. The attending provider suggested that Elavil could be employed on a trial basis for the applicant's neuropathic pain complaints and/or for the applicant's issues with pain-induced insomnia. The first-time request for Elavil was, thus, indicated, given the applicant's combination of chronic pain and sleep disturbance issues. Therefore, the request is medically necessary.

**Colace 250mg #90 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Similarly, the request for Colace, a stool softener/laxative, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant has developed Percocet-induced constipation, the treating provider reported on an appeal letter dated July 15, 2015. Usage of Colace, a stool softener/laxative, thus, was indicated to combat the same. Therefore, the request is medically necessary.