

<b>Case Number:</b>	CM15-0142532		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	06/29/1991
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Florida, 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 injured worker (IW) is a 56 year old female who sustained an industrial injury on 06-29-1991. She reported assisting a patient that was falling, and later developing neck pain, low back pain, and pain in both hips and entire body. The injured worker was diagnosed as having: Neck pain, Low back pain, Bilateral hip pain, Chronic bilateral knee pain. Treatment to date has included a lumbar fusion L4-5 and possibly at L5-S1 levels (May 1993), and a cervical fusion C1-C2 (2004) and medications with pain management. Currently, the injured worker complains of chronic low back and neck pain with headaches. She feels Percocet may have aggravated the headaches, but used her last Imitrex earlier in the week and has been suffering from a headache. She states medications decrease her pain from a 10 on a scale of 0-10 to a 3 on a scale of 0-10. She has a history of ulcer and has had some gastric upset. Current medications include Hysingla ER, Imitrex, Lidoderm patches, Prilosec, Lyrica, Celebrex, Colace, Effexor, Elavil, and Duloxetine. Objectively, the worker walks with assistance of a cane. She complains of pain down the right leg with a seated straight leg raise. She has tenderness over the cervical paraspinal musculature and decreased range of motion with cervical flexion and extension. Cervical distraction was slightly beneficial. She had been taking percocet five tablets a day, and prior to this she was taking 8 Norco or Lortabs for pain control. The treatment plan was to substitute Hysingla ER for the Percocet, and refill Lyrica and Elavil. The Celebrex and Effexor ER were given in a one month supply by another clinic. The worker is to continue with Pain Management. A request for authorization was made for the following: 1. Hysingla 80mg #30, 2. Lyrica 75mg #60, 3. Celebrex 200mg #30, 4. Elavil 25mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** This claimant was injured in 1991 assisting a patient that was falling. The diagnoses were neck pain, low back pain, bilateral hip pain, and chronic bilateral knee pain. There was a lumbar fusion in 1992, and a cervical fusion. There is still chronic neck and head pain. She complains of pain down the right leg with a seated straight leg raise. She has tenderness over the cervical paraspinal musculature and decreased range of motion with cervical flexion and extension. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.