MAXIMUS Federal Services

Case Number:	CM15-0146869		
Date Assigned:	08/11/2015	Date of Injury:	08/05/2014
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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 low back pain (LBP) reportedly associated with an industrial injury of August 5, 2014. In a utilization review report dated June 29, 2015, the claims administrator failed to approve a request for amitriptyline (Elavil). The claims administrator referenced a May 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated August 3, 2015, the attending provider appealed previously denied amitriptyline (Elavil). The attending provider stated that Elavil was ameliorating the applicant's issues with mood disturbance and insomnia. The attending provider stated that Elavil had improved the applicant's issues with both sleep disturbance and mood. On May 26, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant had been off of work since December 2014, it was acknowledged. Ancillary complaints of headaches were reported. Elavil was endorsed. The applicant was asked to pursue multilevel lumbar facet injections. The applicant's medication list included Elavil, Relafen, Voltaren, and Ultracet, it was reported. The applicant was given a rather proscriptive 10-pound lifting limitation, seemingly resulting in her removal from the workplace. The attending provider did state that the applicant had had issues with insomnia and adjustment disorder brought on by her chronic pain complaints. The attending provider noted that the applicant had issues with emotional lability. The attending provider did not explicitly state whether Elavil was being employed for depression, chronic pain, or insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Amitriptyline Hcl 50mg 1 tab po qhs #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

Decision rationale: Yes, the request for amitriptyline (Elavil), a tricyclic antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants may be helpful in alleviating symptoms of depression, as were/are present here, the treating provider reported on a progress note on May 26, 2015 and on an appeal letter dated August 3, 2015. The said August 3, 2015 appeal letter stated that the applicant's mood had been augmented as a result of ongoing amitriptyline (Elavil) usage. The attending provider also stated on said August 3, 2015 appeal letter that Elavil had ameliorated the applicant's issues with sleep disturbance. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.