

Case Number:	CM15-0147368		
Date Assigned:	08/10/2015	Date of Injury:	12/23/2012
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 is a 32 year old male, who sustained an industrial injury on July 22, 2012. The injured worker was diagnosed as having anxiety. Treatment to date has included medication. A progress note dated July 1, 2015 provides the injured worker complains of anxiety. Physical exam notes psychological complaints. The plan includes psychological evaluation, lab work and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25 mg Qty 30 (retrospective DOS 7/1/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Section Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Amitriptyline Section.

Decision rationale: Per MTUS and ODG guidelines, Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the available documentation reveals that the injured worker suffers from anxiety. The use of Elavil is appropriate in this case. The request for Elavil 25 mg Qty 30 (retrospective DOS 7/1/15) is determined to be medically necessary.