

Case Number:	CM15-0162661		
Date Assigned:	08/28/2015	Date of Injury:	07/18/2013
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on July 18, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included quad cane, medications, MRI, CT scan and toxicology screen. Currently, the injured worker complains of neck and low back pain. He also report sleep disturbance. The injured worker is currently diagnosed with intervertebral disc disorder with myelopathy. His work status is modified duty. A progress note dated January 19, 2015, states the injured worker is unable to use the quad cane as he trips on it. A note dated July 6, 2015, states the injured workers pain level is reduced from 9 on 10 to 5-6 on 10 with his medications. It also states he is able to engage in activities of daily living and increased ability to function. The medication Elavil 10 mg #30 is requested to induce sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.