

<b>Case Number:</b>	CM15-0163791		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old woman sustained an industrial injury on 5-1-2000. The mechanism of injury is not detailed. Evaluations include lumbar spine MRIs dated 5-15-2015 and 3-20-2013. Diagnoses include sciatica, lumbar disc displacement without myelopathy, and lumbar disc degeneration. Treatment has included oral medications. Physician notes dated 7-17-2015 show a visit for medication refills to last until the next appointment. Recommendations include Elavil-Amitriptyline and Buprenorphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Elavil-Amitriptyline HCL 25mg #30 (DOS 7/17/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** The patient was injured on 05/01/00 and presents with lumbar spine pain. The retrospective request is for Elavil-Amitriptyline HCL 25mg #30 (dos 7/17/15). There is

no RFA provided and the patient is permanent and stationary with permanent disability. There is one treatment report provided from 07/17/15. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15 states "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The patient is diagnosed with sciatica, lumbar disc displacement without myelopathy, and lumbar disc degeneration. There are no objective findings provided. MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. However, none of the reports provided indicate how Elavil has impacted the patient's pain and function as required by MTUS Guidelines. Due to lack of documentation, the request is not medically necessary.