

Case Number:	CM15-0164478		
Date Assigned:	09/01/2015	Date of Injury:	07/19/2014
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

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 is a 37 year old female who sustained an industrial injury on July 19, 2014. A primary treating office visit dated August 12, 2015 reported subjective complaint of bilateral foot edema and back pain. Follow up dated July 08, 2015 reported low back pain radiating down into bilateral thighs. There is mention of pending authorization for a medial branch block along with a traction unit treating the lumbar spine. The following diagnoses were applied: lumbar facet arthralgia; lumbar disc injury; right more than left sacroiliac arthralgia, and bilateral sciatica. The plan of care noted discontinuing Neurontin and Sulindac and trial Amitriptyline; continuing with Colace, Ibuprofen and Lidoderm. There is consideration for acupuncture care as well as psychological counseling. She is to remain a modified work duty. At a pain follow up visit dated July 01, 2015 she is with subjective complaint of development of a rash as well as itching sensation and facial flushing. She noted stopping all medications and now with increased pain. She is advised to continue without medications utilize ice application or heat and follow up in one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-15.

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant does have chronic back pain with failure of NSAIDS. The use of Elavil is appropriate however, pain response cannot be determined in the future to allow for 4 refills. Response to medication is unknown and the request is not medically necessary.