

Case Number:	CM15-0181782		
Date Assigned:	09/23/2015	Date of Injury:	06/19/2005
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 6-19-2005. The medical records submitted for this review did not include documentation regarding the details of the initial injury. Diagnoses include cervical radiculitis, lumbar disc degeneration, chronic pain, failed back surgery syndrome, status post lumbar fusion, headaches, and medication related dyspepsia. Treatments to date include activity modification, medication therapy, failed epidurals and a failed spinal cord stimulator trial. Currently, he complained of ongoing neck pain with radiation down bilateral upper extremities, low back pain with radiation down bilateral lower extremities, and pain in the left foot associated with swelling. In addition, he reported daily headaches. Pain was rated 8-9 out of 10 VAS and 10 out of 10 VAS without medication. The provider documented opioid medication "is helpful", taking approximately one hour to become effective, and increased functional improvement with activities of daily life. Current medication included MS Contin, Norco, Omeprazole, and Ellaville. On 8-3-15, the physical examination documented lumbar tenderness and muscle spasm with limited range of motion. There was decreased sensation and decreased strength in bilateral lower extremities. A lumbar spine MRI dated 6-24-15, revealed lumbar disc protrusion, neural foraminal narrowing and bilateral facet joint hypertrophy, status post lumbar fusion. The plan of care included trigger point injections that were administered at this evaluation. The appeal requested authorization of Amitriptyline 50mg #30. The Utilization Review dated 9-4-15, denied the request stating that the available medical records "failed to provide evidence of objective functional improvement with prior

medication use." And therefore, did not support that the medication was medically necessary per California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The current request is for AMITRIPTYLINE 50MG #30. Treatments to date include activity modification, medication therapy, failed epidurals and a failed spinal cord stimulator trial. 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." Per report 08/03/15, the patient presents with ongoing neck pain with radiation down bilateral upper extremities, low back pain with radiation down bilateral lower extremities, and pain in the left foot associated with swelling. In addition, he reported daily headaches. Pain is 8/10 with medications and 10/10 without. The provider documented that medications are helpful, taking approximately one hour to become effective, and increased functional improvement with activities of daily life. Current medication included MS Contin, Norco, Omeprazole, and Elavil. MTUS Guidelines supports this medication as a first-line medication for chronic pain patients. Given the documentation of medication efficacy, continuation of this medication is supported by MTUS. The request IS medically necessary.