

<b>Case Number:</b>	CM15-0193183		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 60 year old male with a date of injury on 12-5-09. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain and anxiety and depression. Progress report dated 8-25-15 reports recent flare-ups in lower back pain when attempting to increase activity. Objective findings: the lumbar spine is tender to palpation in the upper mid and lower para-vertebral muscles, range of motion is limited with increased pain. Treatments include medication, physical therapy, acupuncture and chiropractic. Request for authorization was made for Elavil quantity 60 prescribed on 8-25-15 and Tylenol 3 300-30 mg quantities 60 prescribed on 8-25-15. Utilization review dated 9-4-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil, #60:** Upheld

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

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

**Decision rationale:** Elavil is a tricyclic antidepressant. CA MTUS/Chronic Pain Medication Treatment Guidelines state that Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. The starting dose for Elavil may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007). Fibromyalgia: One review recommended the following dosing regimen: Start with low doses, such as 5-10 mg 1-3 hours before bedtime. Dose may be increased by 5 mg at two-week intervals; final dose is dependent upon efficacy and patient tolerability to side effects. Doses that have been studied range from 25 to 50 mg at bedtime. 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. In this case the clinical note from 8/25/15 does not document the indication for prescribing the medication. It is unclear if Elavil is being prescribed for depression or for neuropathic pain. The note does document evidence of neuropathic pain. There is no indication if the injured worker is being treated with other medications or has tried other medications in the past. The request is not supported by the guidelines due to lack of sufficient information and therefore the request is not medically necessary.

**Tylenol 3 300/30mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records from 8/25/15 there is insufficient evidence to support a failed trial of non-narcotic medication to manage the injured workers pain. There is no pain rating or indication of moderate to severe pain. The request is not supported by the guidelines and therefore is not medically necessary.

