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| Case Number: | CM15-0194310 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 09/12/2013 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 41 year old male with an industrial injury date of 09-12-2013. Medical record review indicates he is being treated for myofascial pain syndrome (marked spasm) and lumbar radiculopathy. In the progress note (07-06-2015) the treating physician indicated the injured worker was to be referred to a surgeon "to again find out the patient's options as of today's visit." The treating physician indicated the injured worker "may be a surgical candidate." Subjective and objective findings are not indicated in the 07-06-2015 note. The most recent treatment note containing objective and subjective complaints is the panel qualified medical evaluation dated 05-06-2015. Review of this document indicates the injured worker is complaining of low back pain with radiation of pain, numbness and tingling down the posterolateral portion of the right lower extremity to the toes. The injured worker's medications are listed (07-06-2015) as Amitriptyline (at least since 06-13-2014 - documented in the qualified medical evaluation) and Ibuprofen. Prior medications included Amitramadol-DM Ultra cream and Cyclobenzaprine. Prior treatment included psychotherapy, chiropractic treatments, physical therapy, shockwave therapy, and acupuncture. The following is documented by the treating physician (07-06-2015): The patient reports analgesia from medication consumption. The patient reports increased activities of daily living derived from medication use. The patient denies any adverse effects of these medications. The patient review shows no evidence of aberrant drug taking behaviors. The patient shows appropriate affect. The treatment plan included referral to a spine surgeon, return in six weeks for work status assessment, refill medications and a current (07-06-2015) work status documented as temporary total disability.

The medication request is for Amitriptyline HCL 10 mg tablet "dosage not given no further instructions listed-quantity sufficient for 30 days" with no refills. On 09-30-2015 the request for Amitriptyline HCL 25 mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg #30: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA's.

Decision rationale: MTUS states that "Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose 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)." The treating physician has not provided evidence of improved pain control, improved function and sleep quality from Elavil The patient has been on 25 mg of Elavil many months and the indication is not clear. As such, the request for Amitriptyline HCL 25mg #30 is not medically necessary.