

<b>Case Number:</b>	CM15-0195712		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 47 year old male, who sustained an industrial injury on August 13, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having generalized anxiety disorder and other specified depressive disorder. Treatment to date has included diagnostic studies, injection, surgery, psychiatric follow up, medication and physical therapy. On July 29, 2015, the injured worker was noted to present as glum, sad looking, unhappy, anxious and tense. His body posture and attitude were noted to convey an underlying depressed mood. He complained of concentration problems, difficulty focusing, problem with memory that interfered in functioning and racing thoughts. He reported lower back and left lower extremity pain rated an 8-9 on a 1-10 pain scale. His depression was noted to be severe with Beck Depression Inventory (BDI) of 36 and his moderate anxiety was noted to be improved with Beck Anxiety Inventory (BAI) of 21. The treatment plan included Elavil for treatment of neuropathic pain, anxiety and depression, Klonopin for anxiety and a follow-up visit. On September 15, 2015, utilization review denied a request for Elavil 50mg #90 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 50mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** Tricyclic antidepressants (TCAs) are among the most effective antidepressants available, although their poor tolerance at usual recommended doses and toxicity in overdose make them difficult to use. While selective serotonin reuptake inhibitors (SSRIs) are better tolerated than TCAs, they have their own specific problems, such as the aggravation of sexual dysfunction, interaction with co-administered drugs, and for many, a discontinuation syndrome. In addition, some of them appear to be less effective than TCAs in more severely depressed patients. The injured worker was diagnosed as having generalized anxiety disorder and other specified depressive disorder. Per progress report dated 7/29/15, he continues to present with subjective findings of depression. The objective scales indicate moderate levels of anxiety and severe levels of depression. There is no evidence of medical stability or subjective/objective functional improvement with the continued use of Elavil. Thus, the request for Elavil 50mg #90 with 3 refills is excessive and not medically necessary.