

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0196293 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 09/05/2008 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: North Carolina

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 52 year old male with an industrial injury dated 09-05-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain, right shoulder pain status post-surgery, right elbow pain status post-surgery, bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, chronic low back pain, lumbar degenerative disc disease and myofascial pain. According to the progress note dated 09-15-2015, the injured worker reported chronic neck and low back pain. The low back pain radiates to the legs with tingling sensations. The injured worker also complained of frequent headaches especially at nighttime associated with neck pain. The injured worker is taking Norco for severe pain. The injured worker reported that the Norco helps with the pain but is not as effective with headaches. Pain level was 6 out of 10 without medications and 2 out of 10 with medications on a visual analog scale (VAS). Objective findings (09-15-2015) revealed no acute distress, antalgic gait, tenderness with limited range of motion in the lumbar spine, diminished sensation in the bilateral legs, and tenderness with limited extension in the cervical spine. Treatment has included Cervical and Lumbar Magnetic Resonance Imaging (MRI), prescribed medications, and periodic follow up visits. The injured worker is retired on disability. The treatment plan included medication management including Amitriptyline 25mg for nighttime headaches. The treating physician prescribed Elavil 25mg #60. The utilization review dated 09-29-2015, non-certified the request for Elavil 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #60: Upheld

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

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

Decision rationale: The California MTUS states that tricyclic antidepressants are first line choices for the treatment of neuropathic pain. The patient has symptomatic neuropathic pain in the form of carpal tunnel syndrome and cervical radiculopathy. There are no documented contraindications to the medication. Therefore, the request is medically necessary.