

Case Number:	CM15-0202092		
Date Assigned:	10/19/2015	Date of Injury:	01/22/1997
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
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:

The injured worker is a 62 year old male, who sustained an industrial injury on 1-22-1997. The injured worker is being treated for mechanical discogenic low back pain, lumbar left L4 radiculopathy, lumbar disc protrusion, L3-4 7mm left paracentral disc extrusion. Treatment to date has included medications, diagnostics, home exercise, traction, H wave and physical therapy. Per the Primary Treating Physician's Progress Report dated 9-25-2015, the injured worker reported worsening back pain and symptoms. He reports cramping of his left quad-hamstring with what he describes to include visible fasciculations. He also reports rare cramping of the right quad. He notes numbness and tingling of the left lower extremity for the knee distally and weakness of the left lower extremity. He indicated pain in the left side of his low back. Objective findings included tenderness to palpation of the left erector spine with 5 out of 5 strength bilaterally. There is no documentation of improvement in symptoms, increase in activities of daily living or subjective or objective decrease in pain level attributed to the current medications, including Amitriptyline. Amitriptyline has been prescribed since at least 2-27-2014. Work status was not filled out at the visit dated 9-25-2015. The plan of care included and authorization was requested on 9-25-2015 for Amitriptyline 25mg #30. On 9-30-2015, Utilization Review non-certified the request for Amitriptyline 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Amitriptyline 25mg: Upheld

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

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

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Part 2 Pain Interventions and Treatments, Amitriptyline is "Recommended: Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references." Under the CA MTUS section Antidepressants for chronic pain, it states that: "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 CA MTUS guidelines antidepressants are recommended as a first-line option for neuropathic pain, especially if accompanied by insomnia, anxiety or depression. It can be used for non-neuropathic pain and has been shown to be efficacious in the following diagnoses: fibromyalgia, or chronic lower back pain. In this case the medical notes from 9/25/15 do not show that this patient has a diagnosis of neuropathic pain, or fibromyalgia. While this patient does have chronic lower back pain there is no documentation of improvement in symptoms, increase in activities of daily living or subjective or objective decrease in pain level attributed to the current medications. As this patient does not meet CA MTUS guidelines for the use of a tricyclic antidepressant, the request is not medically necessary.