

Case Number:	CM15-0204185		
Date Assigned:	10/21/2015	Date of Injury:	07/21/2000
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 7-21-2000. The medical records indicate that the injured worker is undergoing treatment for status post cervical fusion (2005), status post lumbar decompression-fusion (2008), and depression. According to the progress report dated 9-8-2015, the injured worker presented with complaints of neck and lower back pain. The level of pain is not rated. The physical examination reveals tenderness over the lower back and pain with lumbar flexion and extension. The current medications are Roxicodone and Lactulose. Previous diagnostic testing includes CT scan and MRI studies. Treatments to date include medication management, psychotherapy, and surgical intervention. Work status is described as permanent and stationary. The treatment plan included Elavil. The treating physician states that the "patient has tried Elavil in the past for sleep, other pain, and paresthesia and has had benefit with that". The original utilization review (9-24-2015) had non-certified a request for Elavil 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Elavil 25mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured now 15 years ago, and is status post cervical fusion and lumbar decompression fusion, and depression. The antidepressant Elavil is being proposed off label for insomnia. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. The use for sleep is off label, and not efficacy tested. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.