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| <b>Case Number:</b>   | CM15-0204776 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 01/22/2002 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 10/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 57 year old female, who sustained an industrial injury on January 22, 2002. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post detoxification, degenerative lumbar disk disease, lumbar radiculopathy, status post lumbar fusion, status post right total knee replacement, and status post bariatric surgery. Treatment to date has included diagnostic studies, surgery, and medication. Amitriptyline medication was noted in the medical records dating back to March 5, 2015. On September 2, 2015, the injured worker was noted to have progressive low back pain along with leg pain. She could only walk short distances without experiencing "significant" pain. On September 14, 2015, the injured worker complained of radicular symptoms and burning and tingling of the both lower extremities. She was reported to be unchanged from a prior exam. She was noted to be ambulating with a straight cane. The treatment plan included refills of amitriptyline, Prevacid SoluTab, gabapentin, baclofen and Zanaflex. On October 8, 2015, Utilization Review denied a request for amitriptyline 75mg #30 with weaning recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 75 mg #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, Antidepressants for chronic pain.

**Decision rationale:** Per the cited CA MTUS guidelines, amitriptyline is generally considered a first-line agent for chronic pain, and in particular for neuropathic pain, unless it is ineffective, poorly tolerated, or contraindicated. The injured worker's available medical records indicate that she has been on amitriptyline long-term, but there is no documentation of pain reduction on the visual analog scale or a sustained increase in objective functional activity. Therefore, based on the treating physician's notes and the cited guidelines, amitriptyline 75mg #30 is not medically necessary and appropriate.