

<b>Case Number:</b>	CM15-0205246		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/07/2015
<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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 4, 2014. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for amitriptyline (Elavil). The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant was asked to continue naproxen, Flexeril, and Elavil. The applicant reported ongoing complaints of neck and low back pain, 4-7/10. The applicant reported difficulty gripping, grasping, and driving, the treating provider reported. Weakness about the arms was reported. The applicant was asked to consult a spine surgeon. While the treating provider stated in some sections of the note that naproxen and Flexeril were beneficial, no similar discussion of medication efficacy transpired insofar as Elavil was concerned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 50mg, qty 30 tables:** 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

**Decision rationale:** No, the request for amitriptyline (Elavil), an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as amitriptyline (Elavil) do represent a first-line option for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, the treating provider reported on September 17, 2015. The applicant's upper extremity pain complaints and paresthesias were worsening on that date. Activities of daily living as basic as gripping, grasping, and driving remained problematic, the treating provider reported. Ongoing usage of amitriptyline (Elavil) failed to curtail the applicant's dependence on other forms of medical treatment to include naproxen, Flexeril, and a TENS unit, the treating provider reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.