

Case Number:	CM15-0208002		
Date Assigned:	10/26/2015	Date of Injury:	12/06/1999
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

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 who sustained an industrial injury on 12-6-1999 and has been treated for post cervical laminectomy syndrome, myalgia and myositis, chronic upper extremity radicular symptoms, headache, chronic vertigo, tinnitus, persistent insomnia, cervical radiculopathy, seizures with the last noted to have occurred 2-2015, depression, and post-traumatic stress disorder. On 9-3-2015 the injured worker reported that he had some right shoulder pain, mostly at night with intermittent numbness in the entire arm. He had not had any recent seizures but did have some dizziness. Objective findings included paracervical tenderness from C2 to C7-T1, parathoracic tenderness T1 to T12-L1, and paralumbar tenderness from L1-L5-S1. A pain management appointment 8-17-2015 noted decreased range of motion in all planes. Documented treatment includes modified duty, epidural steroid injections, treatment with a pain management specialist, and medication including hydrocodone-acetaminophen, Meclizine, Buspar, and Amitriptyline "for quite some time," and is noted in the medical record for at least 4 months. The physician stated that it is used at bedtime for chronic pain. The 8-17-2015 note states medication regimen improves home activities, recreation, social activity and self-care. The treating physician's plan of care includes Elavil 25 mg #30 with 3 refills. This was non-certified on 10-13-2015. He is presently unemployed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg, #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Antidepressants for chronic pain (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Lexicomp/Elavil.

Decision rationale: According to the MTUS, tricyclic antidepressants are recommended as a first-line option for neuropathic pain especially if pain is accompanied by insomnia, anxiety or depression. They are recommended as an option for non-neuropathic pain in depressed patients. This worker has cervical radiculopathy and also has insomnia and depression. Elavil is an appropriate choice for this worker's chronic pain. This worker is being treated for a seizure disorder with Divalproex. According to Lexicomp, Elavil should be used with caution in patients with a seizure disorder but is not contraindicated. The record indicates this worker had a probable seizure prior in June but no recurrence on Divalproex. Continuation of Elavil is medically necessary and appropriate.