MAXIMUS Federal Services

Case Number:	CM15-0208799		
Date Assigned:	10/27/2015	Date of Injury:	11/14/2000
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 14, 2000. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for Elavil while apparently approving requests for Norco, an epidural steroid injection, and urine drug testing. The claims administrator referenced an August 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 12, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery, 7/10 without medications versus 4-5/10 with medications. The applicant was using a cane to move about. The applicant was status post lumbar epidural steroid injection therapy, it was reported. Morphine, Neurontin, Norco, and Elavil were endorsed, along with urine drug testing. Permanent work restrictions imposed by an Agreed Medical Evaluator (AME) were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On August 28, 2015, the applicant again reported ongoing complaints of low back pain radiating to left leg, 7/10. The applicant was status post a lumbar epidural steroid injection, it was reported. The attending provider contended that the applicant's medications were beneficial, as was a recent lumbar epidural steroid injection. The applicant was, however, using a cane to move about, the treating provider noted. Limited lumbar range of motion was noted. The attending provider stated that the applicant's medications and epidural injections were facilitating performance of unspecified activities of daily living. Repeat epidural steroid injection was sought. Toward the bottom of the

note, the attending provider stated that the applicant had failed drug therapy but nevertheless went on to renew Norco, MS Contin, Neurontin, and Elavil toward the bottom of the note. The attending provider again renewed permanent work restrictions imposed by an Agreed Medical Evaluator (AME) but did not state whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Amitriptyline.

Decision rationale: No, the request for Elavil (amitriptyline), 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 amitriptyline, a tricyclic antidepressant, is a first-line agent for neuropathic pain, as was present here in the form of the applicant's lumbar radicular pain complaints, 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's work status was not clearly reported on office visits of August 28, 2015 and October 12, 2015, referenced above. It did not appear, however, the applicant was working with permanent limitations imposed by an Agreed Medical Evaluator (AME) in place on that date. While the attending provider did recount a reported reduction in pain scores from 7/10 without medications to 4-5/10 with medications, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to report the applicant's work status, the applicant's difficulty performing activities of daily living as basic as standing and walking, the applicant's continued dependence on a cane, and the fact that ongoing usage of amitriptyline (Elavil) failed to curtail the applicant's dependence on opioid agents such as MS Contin and Norco, the latter of which the applicant was still using at a rate of 4 times daily as of August 28, 2015. 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 is not medically necessary.