

Case Number:	CM15-0218634		
Date Assigned:	11/10/2015	Date of Injury:	07/23/2013
Decision Date:	12/29/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on July 23, 2013. The injured worker was diagnosed as having lumbar two to three through lumbar five to sacral one degenerative disc disease with multilevel disc bulging with facet degeneration, lumbar two to three and possible lumbar four to five annular tears, chronic back pain, and bilateral lumbar radicular complaints with the right greater than the left. Treatment and diagnostic studies to date has included independent exercise program, medication regimen, electromyogram with nerve conduction study, and physical therapy. In a progress note dated October 01, 2015 the treating physician reports complaints of pain to the back along with difficulty sleeping secondary to nerve pain. Examination performed on October 01, 2015 was revealing for tenderness to the lumbar paraspinal muscles and the iliolumbar and sacroiliac regions, pain with range of motion to the back, and a "mildly" antalgic gait. The injured worker's medication regimen included Norco (since at least April 18, 2014). The progress notes from October 01, 2015, September 01, 2015, August 03, 2015, and July 02, 2015 did not indicate the injured worker's numeric pain level as rated on a visual analog scale. Also, the above noted progress notes did not indicate if the injured worker experienced any functional improvement with use of medication regimen. On October 01, 2015 the treating physician requested Elavil 25mg with a quantity of 60 with 3 refills noting that the use of this medication "can help with neuropathic pain and sleep". On October 12, 2015, the Utilization Review determined the request for Elavil 25mg with a quantity of 60 with 3 refills to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The patient was injured on 07/23/13 and presents with back pain. The request is for ELAVIL 25 MG #60 WITH 3 REFILLS. The utilization review denial rationale is that the patient was scheduled to follow up in one month making refills not warranted. There is no RFA provided and the patient's current work status is not provided either. It appears that this is the patient's first time taking this medication. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15 states "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The patient is diagnosed with L2-3 through L5-S1 degenerative disc disease with multilevel disc bulging with facet degeneration, L2-3 and possible L4-5 annular tears, chronic back pain, and bilateral lumbar radicular complaints with the right greater than the left. Treatment to date includes independent exercise program, medication regimen, electromyogram with nerve conduction study, and physical therapy. The 10/01/15 report states that the patient is having a hard time sleeping because of nerve pain. I have suggested adding some Elavil, which can help with neuropathic pain and sleep. It appears that this is the patient's initial trial of this medication. MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given that this is the initial trial of Elavil, the treater will need to document the impact Elavil has on the patient's pain and function as required by MTUS Guidelines. The request IS medically necessary.