

Case Number:	CM15-0221603		
Date Assigned:	11/18/2015	Date of Injury:	01/13/2006
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on 1-13-06. The injured worker was being treated for failed back surgery syndrome with intractable low back pain, bilateral lower extremity radiculopathy, depression secondary to chronic pain, insomnia secondary to pain and long acting and short acting opioid treatment. On 10-12-15, the injured worker complains of unchanged intractable low back pain and lower extremity pain. She rates the pain 6-7 out of 10 and is able to perform her own activities of daily living. Work status is unclear. On 7-23-15 it is noted urine drug screen was consistent with medications prescribed. Physical exam performed on 7-23-15 revealed 10-12-15 revealed she was clear and cogent; unimpaired by medications and vital signs within normal range. Treatment to date has included oral medications including Norco 10-325mg, MS Contin 15mg, Gabapentin 1100mg, Flexeril 10mg and Amitriptyline 75mg; TENS unit, lumbar surgery and activity modifications. The treatment plan included refilling Norco, MS Contin and continuation of Gabapentin, Flexeril and Amitriptyline 75mg #30. On 10-22-15 request for Amitriptyline 75mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in November 2006 and is being treated for chronic pain including a diagnosis of lumbar failed back surgery syndrome. She has lower extremity radiculopathy and secondary depression and insomnia due to pain. When seen, her condition was unchanged. Pain was rated at 6/10. Physical examination findings included a body mass index of 27. Medications included Norco, MS Contin, Flexeril, gabapentin at a dose of 1100 mg at bedtime, and Amitriptyline 75 mg at bedtime. The total MED (morphine equivalent dose) was 60 mg per day. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for amitriptyline (Elavil) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. Although usual dosing is up to 100 mg/day, dosages of 150 mg per day can be considered. In this case, the claimant has lower extremity radiculopathy after lumbar spine surgery. She has secondary depression. Increasing and dividing if necessary her gabapentin and amitriptyline doses could be considered. The request was medically necessary.