

Case Number:	CM15-0038190		
Date Assigned:	03/06/2015	Date of Injury:	03/30/2010
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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, 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 3/30/2010. The diagnoses have included chronic pain. Treatment to date has included conservative measures. The progress report, dated 3/06/2015, noted recent restart of psychotherapy sessions, and the injured worker reported being "emotionally in a better place". Current medications were noted as Ibuprofen, Colace, Flexaril, Zoloft, Lyrica, and Percocet. Magnetic resonance imaging of the cervical spine, dated 11/19/2012, was referenced as showing degenerative disc disease and uncovertebral joint arthropathy at multiple levels. Magnetic resonance imaging of the lumbar spine, dated 6/13/2013, was referenced as showing facet arthropathy and grade 1 anterolisthesis at the level of L5-S1, with broad based disc protrusion touching the left S1 nerve root in the lateral recess. On 12/10/2014, the injured worker complained of pain in her low back, with radiation to bilateral hips and groins. Pain was rated 5/10 on average. Current medications included Ibuprofen, Colace, Flexaril, Zoloft, Amitriptyline, Lyrica, Percocet, and Ultram ER. On 2/12/2015, Utilization Review issued a decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg quantity: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Elavil (amitryptiline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, a progress note on 10/24/2014 indicated that the patient is taking this medication for insomnia without documentation of improvement. There is a lack of discussion indicating what behavioral treatments have been attempted for the condition of insomnia, and response to non-pharmacologic measures. In the absence of clarity regarding those issues, the currently requested Elavil is not medically necessary.