

Case Number:	CM15-0039638		
Date Assigned:	03/10/2015	Date of Injury:	10/04/2013
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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 56-year-old who has filed a claim for chronic neck pain and associated headaches reportedly associated with an industrial injury of October 4, 2013. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for amitriptyline (Elavil). The claims administrator referenced an RFA form dated February 9, 2015 in its determination. The claims administrator stated that Elavil was not indicated in the treatment of posttraumatic headaches. The claims administrator stated that page 13 of the MTUS Chronic Pain Medical Treatment Guidelines did not explicitly endorse usage of amitriptyline or Elavil for posttraumatic headaches. Thus, it appeared that the request was denied, in part, owing to the fact that the issue was not covered in the MTUS. In a progress note dated February 1, 2015, the applicant reported ongoing complaints of neck pain, headaches, shoulder pain, and upper extremity paresthesias. The applicant's complete medication list was not detailed but did apparently include Naprosyn and Prilosec. Amitriptyline was also prescribed while the applicant was placed off of work, on total temporary disability. It was suggested (but not clearly stated) that the request represented a first-time request for the same. The applicant did have superimposed issues with major depressive disorder, the attending provider further noted. The applicant did not appear to have been using amitriptyline (Elavil) on an earlier note dated December 31, 2014. On that date, Naprosyn, Prilosec, and TENS unit patches were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50mgm #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13. Decision based on Non-MTUS Citation Chronic Daily Headache: Diagnosis and Management; JOSEPH R. YANCEY, MAJ, MC, USA, Fort Belvoir Community Hospital, Fort Belvoir, Virginia; RICHARD SHERIDAN, CPT, MC, USA, 1/25 Stryker Brigade Combat Team, Fort Wainwright, Alaska; KELLY G. KOREN, LT, MC, USN, Fort Belvoir Community Hospital, Fort Belvoir, Virginia; Am Fam Physician. 2014 Apr 15;89(8):642-648.; <http://www.aafp.org/afp/2014/0415/p642.html>; SORT: KEY RECOMMENDATIONS FOR PRACTICE; Amitriptyline may reduce headache duration and severity compared with placebo for chronic tension-type headache. B.

Decision rationale: Yes, the request for amitriptyline (Elavil) was medically necessary, medically appropriate, and indicated here. The request in question did represent a first-time request for amitriptyline (Elavil), seemingly in February 2015. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Elavil (amitriptyline) may be helpful in alleviating symptoms of depression, as were present here on or around the date in question. The applicant, it is further noted, did have a variety of other issues which did warrant introduction of amitriptyline on or around the date in question. Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline or Elavil is recommended in the treatment of chronic pain, as was present here on or around the date in question in the form of the applicant's ongoing cervical radicular pain complaints. AAFP also notes that amitriptyline may reduce headache duration and severity in applicants with chronic headaches. Here, the applicant did, in fact, have ongoing, longstanding issues with headaches. Introduction of amitriptyline was indicated on or around the date in question, whether employed for headaches, chronic neck pain/cervical radiculopathy, depression, or some combination of the three. Therefore, the request was medically necessary.