

Case Number:	CM15-0042331		
Date Assigned:	03/12/2015	Date of Injury:	09/15/2011
Decision Date:	04/22/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/05/2015

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 41-year-old male, with a reported date of injury of 09/15/2011. The diagnoses include status post lumbar spine fusion with retained hardware, lumbosacral radiculopathy, and lumbar sprain/strain. Treatments to date have included lumbar spine fusion with retained hardware, oral medications, and a one-point cane. The pain management follow-up report dated 01/08/2015 indicates that the injured worker complained of chronic pain in the lumbar spine with radiation into the bilateral lower extremities. He rated his pain 8 out of 10. It was noted that the injured worker was not tolerating the Elavil 150mg well, and he was much more comfortable at 50mg at bedtime. The physical examination showed an antalgic gait, spasm and tenderness over the paravertebral musculature of the lumbar spine with decreased range of motion with flexion and extension, decreased sensation with pain in the L4, L5, and S1 dermatomal distributions bilaterally. The medications were refilled since they caused no side effects and helped maintain his functional capacity. The Elavil was decreased. The treating physician requested Elavil 50mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50mg at bed time: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities rated at 8/10 on a Verbal Analog Pain Scale. The request is for Elavil 50mg at bed time. The request for authorization is not provided. The patient is status-post lumbar spine fusion with retained hardware, 05/2012. He is visibly uncomfortable ambulating with antalgic gait and using a one-pointed cane for balance. Patient's medications include Gabapentin, Elavil, Zanaflex, Norco and Docuprene. He reports no side effects from this regimen. The patient's work status is not provided. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain 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. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Treater does not specifically discuss this medication. The patient is prescribed Elavil since at least 04/28/14. The use of Elavil is indicated as the patient presents with chronic pain. However, the treater does not provide any discussion on how the patient is doing by using Elavil and on its efficacy. MTUS guideline page 60 requires documentation of pain assessment and functional change when medications are used for chronic pain. Therefore, given the lack of documentation and discussion, the request is not medically necessary.