

Case Number:	CM15-0042815		
Date Assigned:	03/13/2015	Date of Injury:	03/16/1995
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 injured worker is a 52 year old female, who sustained an industrial injury on 3/16/95. She reported pain in the neck and right wrist. The injured worker was diagnosed as having cervical post laminectomy pain syndrome, right carpal tunnel syndrome, anxiety and depression. Treatment to date has included cervical laminectomy, psychiatric treatments and pain medications. As of the PR2 dated 2/16/15, the injured worker reports depression and pain. The treating physician noted psychomotor slowing, depression and diffuse cervical spine tenderness. He plans to trial Butrans patches, restart Gabapentin and continue Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25g #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-15 Page(s): 13-15.

Decision rationale: The requested Elavil 25g #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, unless they are ineffective, poorly tolerated, or contraindicated. The treating physician has documented cervical post laminectomy pain syndrome, right carpal tunnel syndrome, anxiety and depression, psychomotor slowing, depression, and diffuse cervical spine tenderness. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Elavil 25g #30 is not medically necessary.