

Case Number:	CM15-0049170		
Date Assigned:	03/23/2015	Date of Injury:	02/03/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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, Hawaii
 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 44 year old male, who sustained an industrial injury on 2/3/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a right inguinal hernia with repair and chronic neuropathic pain, lumbar disc disorder and adjustment disorder with depression. There is no record of a recent radiology study. Treatment to date has included surgery and medication management. Currently, the injured worker complains of right sided pain. In a progress note dated 1/13/2015, the treating physician is requesting Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Elavil 25mg 1-2 tablet by mouth at bedtime #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The patient presents with right sided pain. The current request is for Retrospective Elavil 25mg 1-2 tablets by mouth at bedtime #60. The treating physician states, in a report dated 01/13/15, in the meantime, I will start him on Elavil at 25 mg one to two tablets po at bedtime for sleep. (12) The MTUS guidelines state, this medication is recommended and as a tricyclic antidepressant is generally considered a first-line agent for neuropathic pain and as possibility for non-neuropathic pain. MTUS page 13 also states, "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." In this case, the treating physician has made an initial prescription request for Elavil which is supported by the MTUS guidelines. The current request is medically necessary and the recommendation is for authorization.