

Case Number:	CM15-0055464		
Date Assigned:	03/30/2015	Date of Injury:	08/27/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 08/27/2013. He reported pain in the neck and upper back. Diagnoses include cervicgia, cervical spondylosis with myelopathy. He is status post cervical decompression and fusion. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he had multiple complaints including neck pain with parathesias to both upper extremities, numbness in lower extremities, and right hand cramps with writing. On 2/19/15, the physical examination documented slight atrophy noted in the right calf. The plan of care included activity modification, medication changes, and repeat MRI with possible repeated EMG studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Amitriptyline: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 15-16.

Decision rationale: CA MTUS guidelines state that tricyclics are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, the tricyclic is prescribed for neuropathic pain and is medically indicated.