

Case Number:	CM15-0057532		
Date Assigned:	04/02/2015	Date of Injury:	12/07/2007
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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 33 year old female, who sustained an industrial injury on December 7, 2007. She reported injury to her back. The injured worker was diagnosed as having diffuse musculoskeletal myofascial pain, 2mm disc bulge at C5-6 with degenerative osteophyte, bilateral shoulder sprain/strain, psyche issues, gastrointestinal issues secondary to non-steroidal anti-inflammatory drug use, headaches and lumbar spine sprain/strain. Treatment to date has included single-point cane, medications, acupuncture and diagnostic studies. On January 26, 2015, the injured worker complained of persistent pain in the neck, lower back, bilateral shoulder, right wrist and left knee. She also reported radiating pain in the left lower extremity. She rated her pain as a 10 on a 1-10 pain scale. All her pain was noted to be constant and worsened since her last visit. The pain is made better with rest and made worse with activities. The treatment plan included single point cane, pain management consultation for medications and possible epidural injections, urine toxicology screen and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 50mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Amitriptyline Page(s): 13.

Decision rationale: The patient presents with pain affecting her cervical & lumbar spine, bilateral shoulders, and headaches. The current request is for Amitriptyline HCL 50mg #30. The treating physician states, the patient does take Norco that helps her pain from 9/10 down to a 4/10 that allows her to do more activities of daily living. She takes Elavil that helps her sleep. Elavil (Amitriptyline) 50mg tab #30 1 tab by mouth at bedtime. (144B) The treating physician also stated, Elavil will also help with her insomnia and neuropathic pain and radicular symptoms. (30B) The MTUS guidelines state, recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the treating physician has documented that the medication regimen is decreasing the patient's pain and is helping her perform ADLs. The current request is medically necessary and the recommendation is for authorization.