

Case Number:	CM15-0059157		
Date Assigned:	04/03/2015	Date of Injury:	03/06/2012
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/28/2015

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
 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 65-year-old female, with a reported date of injury of 03/06/2012. The diagnoses include neck pain with degenerative disc disease at multiple levels and evidence of foraminal stenosis, low back pain with degenerative facet disease and disc desiccation in all levels, and possible right sacroiliitis. Treatments to date include oral medication, topical pain medication, an MRI of the cervical spine, an MRI of the lumbar spine, and an x-ray of the lumbar spine. The progress report dated 01/20/2015 indicates that the injured worker had ongoing neck and low back pain. She was taking amitriptyline at night for sleep, and with the medication she was able to get a good solid four hours of sleep. The objective findings were documented as no significant change. The objective findings (11/25/2014) include tenderness to palpation in the lumbar paraspinal muscles, good flexion, limited extension, positive right straight leg raise test with some numbness, and no shooting pain. The treating physician requested amitriptyline with one refill, and recommended that the injured worker take two tablets at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10mg 2 tabs at night #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 13-15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The requested medication is a sedating antidepressant. The patient does not have the coexisting diagnosis of depression. Therefore, criteria have not been met and the request is not medically necessary.