

Case Number:	CM15-0081779		
Date Assigned:	05/04/2015	Date of Injury:	08/24/1998
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 55 year old male, who sustained an industrial injury on 8/24/98. The injured worker was diagnosed as having lumbar failed back syndrome, muscle spasm, lumbar spine radiculopathy, and cervical failed back syndrome. Treatment to date has included cervical fusion, lumbar fusion, a total of 5 back surgeries, and medications. A physician's report dated 9/8/14 noted the injured worker was taking Amitriptyline 100mg. Currently, the injured worker complains of back pain and neck pain. The treating physician requested authorization for Amitriptyline 100mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 100mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Page(s): 13-15.

Decision rationale: The patient was injured on 08/24/1998 and presents with back pain and neck pain. The request is for AMITRIPTYLINE 100 MG #60 WITH 1 REFILL. The RFA is dated 03/31/2015, and the patient's work status is not provided. The patient has been taking amitriptyline as early as 09/08/2014. Regarding antidepressants, MTUS Guidelines, pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days a week whereas antidepressant's effect takes long to occur." MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Straight leg raises are positive bilaterally and range of motion is limited in all direction for the lower back. The patient is diagnosed with failed back syndrome of the lumbar spine, muscle spasm, radiculopathy of the lumbar spine, and failed back syndrome of the cervical spine. The patient has been taking amitriptyline as early as 09/08/2014. None of the reports provided indicate how amitriptyline has impacted the patient's pain and function as required by MTUS Guidelines. Due to lack of documentation, the requested amitriptyline IS NOT medically necessary.