

<b>Case Number:</b>	CM14-0117856		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old male who reported an injury on 06/09/2005 due to trying to prevent a fall from a mail cart. On 06/27/2014 the injured worker presented with pain in the back. Current medications included Prilosec, Percocet, amlodipine, aspirin, clonazepam, topiramate, and Robaxin. Upon examination the injured worker presented in a wheelchair had no gross deformities and no evidence of scoliosis. There was tenderness to palpation over the midline lumbar spine over the left sacroiliac joint and over the left sciatic notch. Decreased sensation over the left L3-S1 dermatome distribution. Diagnoses were right wrist sprain, bilateral foot drop, L2-5 stenosis and possible pseudarthrosis at L4-5. The provider recommended amitriptyline 10 mg, the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 10 mg:** Upheld

**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 Antidepressant for chronic pain, Page(s): 13..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance, should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration between 6 to 12 weeks. There is a lack of evidence of an objective assessment of the injured worker's pain level. The frequency was also not provided in the request as submitted. Therefore, the request for Amitriptyline 10 mg is not medically necessary or appropriate.