

<b>Case Number:</b>	CM14-0125390		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 64-year-old male who reported injury on 08/28/2010. The injury was reported to have occurred when he hit his head on a pipe while jumping and lost consciousness, he was wearing a helmet. The diagnoses included severe cervical spondylosis with stenosis, left upper extremity radiculitis, severe L4-5 lumbar stenosis with left lumbar radiculitis, postconcussive headache syndrome and narcotic dependency. The past treatments included cervical epidural steroid injections. The progress note, dated 06/23/2014, noted the injured worker complained of chronic cervical and lumbar pain, with residual neck stiffness and headaches. The objective findings note slightly slow movement, cervical spine decreased range of motion especially with extension, mild decreased grip strength to the left when compared to the right. An in office urinary drug screen was noted to be consistent with prescribed medications. Medications included MS-Contin 15 mg 3 times a day, Elavil 20 mg every night as needed for headaches and sleep, Lunesta 3 mg every night as needed for sleep, and Lyrica 75 mg twice a day as needed for neuropathic pain. The treatment plan recommended to discontinue the MS-Contin, as the injured worker reported it was not fully alleviating his pain, and to add a trial Suboxone 8 mg as needed for chronic pain, and continue other medications as prescribed. The Request for Authorization form was submitted on 07/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELAVIL 25 MG # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-15.

**Decision rationale:** The request for ELAVIL 25 MG # 30 is not medically necessary. The injured worker had a measured chronic cervical and lumbar pain, with noted decreased range of motion especially in extension. No measurements were provided. The California MTUS Guidelines state tricyclic antidepressants (Elavil) are recommended on a trial basis as a first line therapy for neuropathic pain, especially if the pain is accompanied by insomnia, anxiety, or depression. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should be assessed. There is no indication of the severity or quality of pain. There was no assessment of the efficacy of the Elavil provided. Side effects were not addressed. The physician indicates the Elavil to be used as needed for headaches and sleep, and the injured worker reports continued headaches, and Lunesta is helpful for sleep. Given the previous, the continued use of Elavil is not supported at this time. Therefore, the request is not medically necessary.