

Case Number:	CM14-0127370		
Date Assigned:	08/15/2014	Date of Injury:	11/05/2012
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 33 year old male who sustained an injury 11/05/2012 when he slipped and fell. Prior medication history included Elavil, Prilosec, and Norco; 24 sessions of chiropractic care and SI injection which caused him to have heart palpitations. Psych report dated 01/10/2014 states the patient reported crying spells and isolation from people and social activity. He reported that his depression was worsening as he has encountered other issues related to his injury. The patient scored a 13 on mild depression testing; 11 for mild anxiety. He is diagnosed with chronic adjustment disorder with depressed mood, lumbar spine problems, inguinal hernia, constipation and acid reflux. This patient was recommended to continue Amitriptyline HCL 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: According to MTUS guidelines, antidepressants are "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." In this case a request is made for Amitriptyline, which is prescribed on a long-term basis, to treat neuropathic pain in a 33 year old male with chronic low back pain, depression and anxiety. However, amitriptyline appears to be ineffective in this case. Medical records do not demonstrate clinically significant functional improvement, including reduction in dependency on medical care, from use of this medication. Therefore the request is not medically necessary.