

Case Number:	CM14-0080306		
Date Assigned:	07/18/2014	Date of Injury:	10/16/2000
Decision Date:	10/07/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/31/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on October 16, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness along the cervical spine from C2 through C7 with muscle spasms. There was decreased range of motion of the thoracic spine with spasms. Examination of the right arm revealed strength of 1/5 and decreased sensation. Left arm strength was rated at 1/5 to 2/5 also with decreased sensation. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included cervical spine surgery. A request had been made for Elavil 100 mg and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELAVIL 100MG, #30 FOR CHRONIC PAIN MANAGEMENT RELATED TO CERVICAL SPINE, THORACIC SPINE AND RIGHT SHOULDER INJURY:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2006; Physician's Desk Reference, 68th Edition; www.rxlist.com; Official Disability Guidelines Drug Formulary, www.odg-

twc.com/odgtwcformulary.htm; drugs.com; Epocrates Online, www.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15 of 127..

Decision rationale: The California MTUS Guidelines support the use of tricyclic antidepressants such as Elavil in chronic pain management and consider tricyclic's a first-line option in the treatment on neuropathic pain. The progress note, dated May 6, 2014, indicated neuropathic findings on physical examination. As such, this request for Elavil 100 mg is medically necessary.