

Case Number:	CM14-0216965		
Date Assigned:	01/06/2015	Date of Injury:	02/24/2006
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: New York

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male with a work-related injury dated February 24, 2006. The physician's visit dated November 26, 2014 reflected that the worker was complaining of low back pain that was rated a ten on a scale of ten without pain medication. Pain was described as increased pain with bending, stooping, squatting and lifting. At this visit, the worker had a drug screen, which was consistent with current medication regime. Physical examination was remarkable for minimal tenderness over the bilateral L5-S1 lumbar paraspinals, minimal pain with lumbar flexion and extension and straight leg raises created low back pain. Gait was documented as normal. Diagnoses at this visit included chronic pain syndrome, persistent disorder of sleep, muscle pain, lumbar radiculitis, lumbar degenerative disc disease, low back pain, intervertebral disc disorder without myelopathy and lumbar post-laminectomy syndrome. Treatment plan at this visit reflected continuation of current medications, urine toxicology and routine follow-up. The utilization request dated December 10, 2014 non-certified the request for a prescription for Amitriptyline 25mg, count 60. This request was denied as a duplicate request. Per the documentation that was reviewed, the pain doctor had requested a prescription for Amitriptyline 25mg, one or two at bedtime to help with sleep on November 26, 2014 and this request was approved. This request was non-certified as not medically necessary in light of approval just prior to this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressant Page(s): 13-16.

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

Decision rationale: The recommended medication, Elavil is medically necessary for the treatment of the patient's condition. Per the documentation he has neuropathic pain related to his chronic back pain condition. The medication will be part of his medical regimen and per California MTUS Guidelines 2009 tricyclic antidepressants and antiepilepsy medications are a first line treatment for neuropathic pain. The patient would be expected to report a reduction in his pain with the medical therapy which would be defined as a 50% reduction which would represent a "good" response. In addition Elavil will also help his sleep disorder in conjunction with the use of Zolpidem. Medical necessity for the requested item has been established. The requested item is medically necessary for treatment of the patient's chronic pain condition.