

<b>Case Number:</b>	CM14-0092069		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 65-year-old female, who sustained an industrial injury on 10/13/2004. She reported a motor vehicle accident, resulting in pain throughout her vertebral column, headaches, wrists, knees, and right hip. The injured worker was diagnosed as having lumbago, cervicgia, cervical spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis, not otherwise specified. Treatment to date has included diagnostics, spinal surgery (2012), right carpal decompression surgery in 9/2013, home exercise program, and medications. The use of Elavil was noted since at least 2008. On 5/22/2014, the injured worker complained of shooting pain up her right arm, starting at her right hand. She was trying to perform home exercises but felt that her hand was not improving (10 post-operative physical therapy sessions noted up to 11/26/2013). Medications included Norco, Amitriptyline, Neurontin, Oxycontin, and Prilosec. She was approved for an additional hand therapy session. The treatment plan included additional hand therapy, continued home stretching, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Amitriptyline.

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

**Decision rationale:** According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. There is no clear documentation of pain and functional improvement with previous use of Elavil. There is no clear justification of the prescription of Elavil in the patient file. The patient developed chronic pain syndrome that did not respond to current pain medications. Therefore, the prescription Elavil 25mg #60 is not medically necessary.