

<b>Case Number:</b>	CM15-0109243		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/21/1997
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 8/21/1997. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic lumbosacral and cervical spine pain status post fusion and multiple spinal surgeries. Treatments to date include medication management, physiotherapy, and facet injections. Currently, she complained of ongoing neck and low back pain with radiation to the right leg. Pain was rated 5-6/10 VAS and medications were documented to provide 90% improvement in pain. On 5/5/15, the physical examination documented pain to palpation to cervical spine facet capsules bilaterally with muscle triggering and spasms. The lumbar spine was significant for decreased sensation to L5 and L4 dermatomes in the right leg with decreased reflexes noted. The plan of care included Amitriptyline 25mg #30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 25 mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** CA MTUS states that antidepressants for chronic pain are recommended as a first-line option for neuropathic pain. They should be used at the lowest effective dosage. The records submitted repeatedly note a 90% pain reduction with a regimen of multiple medications, including an opioid. The efficacy of Amitriptyline in particular with regard to pain relief and improved function is not specified. There is not pain rating or overall subjective, objective or functional improvement noted despite chronic use of multiple medications. Therefore the request is deemed not medically necessary or appropriate.