

Case Number:	CM15-0016508		
Date Assigned:	02/04/2015	Date of Injury:	11/12/1998
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 11/12/1998. The mechanism of injury was not stated. The current diagnoses include cervical spine sprain, lumbosacral radiculitis, lumbar spine sprain, right shoulder sprain, and status post 2 lumbar spine surgeries. The injured worker presented on 01/09/2015, with complaints of neck, low back and right shoulder pain. The injured worker utilized Norco, Flexeril, and Elavil. The injured worker also ambulated with the assistance of a cane. Upon examination of the cervical spine, there was slightly decreased range of motion with tenderness to palpation, a positive Spurling's maneuver, a positive cervical compression test, diminished motor strength, and decreased sensation. Examination of the lumbar spine revealed decreased range of motion with tenderness, positive Kemp's test bilaterally, and positive straight leg raise bilaterally at 70 degrees, diminished sensation, and decreased motor strength. Examination of the right shoulder also revealed decreased range of motion, positive Hawkin's impingement sign, tenderness over the AC joint, and decreased motor strength. Recommendation included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil (Amitriptyline) 25mg 1 tablet by mouth at bedtime. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic Pain. Functional Restoration Programs Page(s): 58-59.

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

Decision rationale: The California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized Elavil 25 mg for an unknown duration. Despite the ongoing use of the current medication, there is no documentation of objective functional improvement. Therefore, ongoing use would not be supported. As such, the request is not medically necessary.