

Case Number:	CM15-0017122		
Date Assigned:	02/03/2015	Date of Injury:	07/06/1999
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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

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 45 year old female, who sustained an industrial injury on 7/6/99. She has reported back pain. The diagnoses have included lumbar spondylosis, degenerative disc disease of lumbar spine, lumbar radiculopathy, annular tear of L5-S1, facet arthropathy and chronic pain syndrome. Treatment to date has included oral medications, transdermal medications, spinal cord stimulator, transforaminal epidural steroid injection on the right at L4 and5, physical therapy, chiropractic treatment and acupuncture. Lumbar (MRI) magnetic resonance imaging was performed on 8/10/12. Currently, the injured worker complains of ongoing low back and neck pain with radicular symptoms in bilateral arms and legs. The physical exam dated 10/16/14 noted significant tenderness to palpation of lumbar spine with spasms into the right paraspinal region and range of motion is significantly decreased in the lumbar spine area. On 12/23/14 Utilization Review non-certified Amitriptyline HCL 25mg #30, noting the lack of medical necessity. The MTUS and ODG Guidelines were cited. On 12/29/14, the injured worker submitted an application for IMR for review of Amitriptyline HCL 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 25mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60.

Decision rationale: The patient presents with low back and neck pain radiating to upper extremities rated at 6-7/10. The request is for AMITRIPTYLINE HCL 25MG #30. The request for authorization is not available. The patient is status-post spinal cord stimulator implantation 02/28/14. Patient's range of motion is decreased in her lumbar spine. The patient had a transforaminal epidural steroid injection at L4 and L5 on the right 09/12/14. Per progress report 09/19/14, patient reports 0% relief and notes that her pain has worsened since the injection. Patient had physical therapy in the past with relief and 1 session each of acupuncture and chiropractic treatment without relief. Patient is to continue home exercise. Patient has difficulty sleeping due to pain. Patient's medications include Amitriptyline, Gabapentin, Norco and Ketoprofen. MRI of the lumbar spine 08/10/12 shows disc desiccation at L5-S1 and 5mm posterior disc extrusion at L4-5. Patient is working modified duty. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Per progress report dated 10/03/14, treater states patient has difficulty sleeping due to pain. Per progress report dated 11/14/14, treater states that Amitriptyline "decreases her pain and allows her to function more comfortably at work." The patient has been prescribed Amitriptyline since at least 05/23/14. Treater has documented pain and function as indicated by guidelines. Therefore, the request IS medically necessary.