

Case Number:	CM15-0017907		
Date Assigned:	02/05/2015	Date of Injury:	12/28/2002
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California
 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 62 year old male, who sustained an industrial injury on 12/28/2002. The diagnoses have included degeneration of intervertebral disc, neuralgia, neuritis and radiculitis, lumbago, intervertebral disc disorder with myelopathy and thoracic or lumbosacral neuritis. Treatment to date has included surgical intervention, medication, physical therapy, chiropractic, injections and modified activity. Currently, the IW complains of low back pain with radiation into the buttock, posterior and lateral thigh and into the lateral foot on that side. Low back pain is 40% and right leg is 60% of the pain. He reports a daily headache that begins as aching pain in his neck and then migrates into the occiput bilaterally before extending into the temples. Objective findings included cervical and thoracic range of motion within normal limits in all directions with some cervical and lumbar paraspinal muscle tenderness noted. Lumbar range of motion is limited by pain. There is a positive straight leg raise test at 30 degrees on the right. On 12/31/2014, Utilization Review modified a request for Amitriptyline 10mg #30 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/30/2014, the injured worker submitted an application for IMR for review of Amitriptyline #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Amitriptyline 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. The claimant had chronic lumbar root pain. The claimant was also initiated on opioid therapy . The continued use of Amitriptyline is not medically necessary.