

Case Number:	CM15-0123239		
Date Assigned:	07/08/2015	Date of Injury:	07/07/1999
Decision Date:	08/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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 58 year old female, who sustained an industrial injury on 7-7-1999. She reported a low back injury. Diagnoses have included cervical, thoracic and lumbar strain with myofascial pain, lumbar spine degenerative disc disease with chronic low back pain and radicular pain, bilateral sacroiliac joints dysfunction and chronic pain syndrome. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, epidural steroid injection and medication. According to the progress report dated 5-13-2015, the injured worker complained of increased back pain. She reported that her current medications were no longer effective. She stated that back pain radiated to her bilateral front chest. She rated her pain level as nine out of ten. Current medications included Norco, Elavil and Neurontin. She ambulated with an antalgic gait. The lumbar spine had significant decreased range of motion. Straight leg raise was positive on the left side. There was tenderness to palpation at the lower, lumbar paraspinal muscles and bilateral sacroiliac joints without muscle spasm. Authorization was requested for Ultram, Neurontin and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30: Upheld

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 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. Elavil could be used to treat insomnia related to pain. In this case, it is not clear if the medication was prescribed as an antidepressant or for neuropathic pain control. In addition, the patient has been using Elavil without the evidence of functional improvement. According to the progress report dated May 13, 2015, the patient complained of increased back pain. She reported that her current medications (included Norco, Elavil and Neurontin) were no longer effective. Therefore, the prescription of Elavil 25mg #30 is not medically necessary.