

Case Number:	CM15-0176695		
Date Assigned:	09/17/2015	Date of Injury:	08/13/2004
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on 8-13-2004. The injured worker is being treated for ligamental tear of the right lateral epicondyle, rotator cuff tear left shoulder, chronic neck pain, headaches, chronic thoracic pain, chronic low back pain, left carpal tunnel syndrome, osteoarthritis left hip and peripheral neuropathy per electrodiagnostic testing. Treatment to date has included diagnostics and medications. Current medications as of 8-12-2015 include Neurontin, Amitriptyline, and pain medications from his primary care provider. Per the Primary Treating Physician's Progress Report dated 8-12-2015, the injured worker presented for further evaluation of injuries to multiple body regions as a result of a fall from a roof on 8-13-2014. Injured areas include the left lower leg, left upper arm, left shoulder, chest, ribs and upper back. He reported continuing to do well on his medications. Amitriptyline helps with pain levels and allows him to sleep. He rates his pain without medications as 8-9 out of 10 and 4-5 out of 10 with medications. He reported difficulty breathing and was referred to his primary care provider or Emergency Department (ED). Objective findings document that he is able to abduct the left shoulder to about 90 degrees and flex to about 90 degrees. He has a torn rotator cuff but has not had surgical repair. He has pain in the lower back but his main concern today was his trouble breathing. Per the Primary Treating Physician's Progress Report dated 8- 13-2014, Amitriptyline was prescribed for sleep and also helps with the numbness in his hands and his mood. Per the medical records dated 8-13-2014 to 8-12-2015 there is no documentation of significant objective improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. He has been prescribed Amitriptyline (Elavil) since at least 5-2014. His condition is permanent and stationary. The plan of care included medications and follow-up care. On 8-26-2015, Utilization Review modified the request for Elavil 100mg #60 per the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 100mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Anti-epilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines are quite supportive of this medication for the treatment of chronic pain and for treatment of derivative issues that may accompany a chronic pain syndrome. The Guidelines also support combination of medications such as an anti-epilepsy drug if the pain syndrome is severe and has neuropathic pain components. This individual meets these criteria and the treating physician adequately documents benefits to be compliant with Guideline standards i.e. 30% improvement in pain levels. Under these circumstances, the Elavil 100mg #60 with 2 refills is supported by Guidelines and is medically necessary.