

<b>Case Number:</b>	CM15-0179124		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/19/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 37 year old female who sustained an industrial injury on 07-19-2014. The injured worker is being treated for lumbar facet arthralgia, lumbar disc injury, right more than left sacroiliac arthralgia, and bilateral sciatica. Treatment to date has included diagnostics, medications, and physical therapy. In the handwritten provider notes of 08-12-2015, the injured worker complains of low back pain that refers down the anterior aspect of the bilateral thighs that she rates as a 7-8 on a scale of 0-10 without medications. She has bilateral foot edema since starting Motrin. Objectively, there is moderate right more than left L5-S1 and L3-L4 tenderness. Bilateral straight leg raise is 90 degrees with pain referring to the right lower extremity. The treatment plan includes discontinuing Motrin and trying Elavil 25 mg and topical Lidoderm 5%. The worker is not released to duty. A request for authorization was submitted for Elavil 25mg quantity # 60 with four refills. A utilization review decision 09/09/2015 modified the request and certified Elavil 25 mg #45 and non-certified the remaining pharmacy purchase of Elavil 25 mg #255. The certification is valid from 09-09-2015 to 10-09-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25mg quantity 60 with four refills: Upheld**

**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): Antidepressants for chronic pain.

**Decision rationale:** Elavil 25mg quantity 60 with four refills is not medically necessary per the MTUS Guidelines. Although tricyclics are generally considered a first-line agent for neuropathic pain, the request asks for four refills, which is not appropriate. The MTUS states that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, psychological assessment, and side effects, including excessive sedation. Without evidence of efficacy, the request for 4 refills in advance is not medically necessary.