

Case Number:	CM15-0179739		
Date Assigned:	09/30/2015	Date of Injury:	07/18/2012
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/13/2015

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: Texas, New York, 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 applicant is a represented 22-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of myofascial pain syndrome reportedly associated with an industrial injury of July 18, 2012. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Elavil. The claims administrator referenced an RFA form received on August 26, 2015 and an associated progress note of August 13, 2015 in its determination. The applicant's attorney subsequently appealed. On multiple RFA forms dated August 26, 2015, Oxycodone, Elavil, and manipulative therapy were endorsed. On an associated work status report dated August 13, 2015, the applicant was placed off of work, on total temporary disability. Finally, on a handwritten progress note dated August 13, 2015, the applicant presented with unchanged neck and back pain complaints. The applicant was placed off of work, on total temporary disability. The note was thin and sparsely developed, handwritten, difficult to follow, not altogether legible, did not seemingly incorporate any discussion of medication efficacy.

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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Amitriptyline.

Decision rationale: No, the request for Elavil (Amitriptyline), an anti-depressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Amitriptyline (Elavil), a tricyclic antidepressant, is recommended as a first-line agent in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was reported on August 13, 2015. No seeming discussion of medication efficacy transpired on said August 13, 2015 office visit. Ongoing usage of Elavil failed to curtail the applicant's dependence on opioid agents such as Oxycodone and/or on other forms of treatment to include chiropractic manipulative therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.