MAXIMUS Federal Services

Case Number:	CM15-0063784		
Date Assigned:	04/09/2015	Date of Injury:	12/30/2003
Decision Date:	05/12/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 a work related injury on 12/30/03. The diagnoses have included chronic neck pain status post surgery, L1 burst fracture status post surgery, lumbar radicular pain, left shoulder pain, bilateral carpal tunnel syndrome status post left carpal tunnel release and left hemiparesis from history of a stroke. Treatments have included medications, cervical spine surgery, and home exercises. In the PR-2 dated, the injured worker complains of ongoing left shoulder, neck, low back, bilateral hand and wrist pain. The low back pain is the worst. He rates his pain level a 4/10. He reports that the pain level can get as low as 4/10 with medications and 9-10/10 without medications. He is able to sleep for 5 hours with the amitriptyline. The treatment plan is a prescription for Elavil (amitriptyline).

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 50 mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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

Decision rationale: Elavil (Amitryptiline) is considered a first line option to treat chronic neuropathic pain and an option for chronic pain. It is also used as a sedating agent. The patient reportedly is able to sleep up to 5 hours. The patient is prescribed 1 to 2 tablets a night. The prior request had been modified to approve #20 since there was functional improvement attributable to its use. Amitryptiline is a tricyclic anti-depressant which blocks muscarinic acetylcholine receptors in the sinoatrial node which leads to atrial tachycardia which can lead to sudden death. The patient reportedly has heart block and has a pacemaker placed. Therefore, based upon the lack of demonstrated efficacy of the Elavil and its risk of heart complications due to the heart block, this request for #60 of Elavil is not medically necessary.