

Case Number:	CM15-0071905		
Date Assigned:	04/22/2015	Date of Injury:	09/05/2000
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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 is a 51 year old male, who sustained an industrial injury on 9/05/2000. The medical records submitted for this review failed to include the details regarding the initial injury and prior treatments to date. Diagnoses include chronic bilateral shoulder pain, chronic neck and low back pain with multilevel disk desiccation and annular tear, history of severe fracture with surgical repair of right femur, history of right shoulder surgery 2003, and depression. Currently, he complained of ongoing pain in the right hip and right shoulder. On 2/23/15, the physical examination documented tenderness with significant pain upon abduction. An injection of Kenolog was administered on this date. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Elavil 10mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that tricyclics can be considered a first-line treatment for neuropathic pain. The MTUS states that Amitriptyline is indicated for neuropathic pain. The documentation does not reveal evidence of neuropathic pain therefore this request is not medically necessary.