

<b>Case Number:</b>	CM15-0094745		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/22/1999
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 11/22/1999. He reported neck, mid and low back, and right foot pain. The injured worker was diagnosed as having cervical spondylosis without radiculopathy, cervical degenerative disc disease, central cervical spine stenosis without significant spinal cord compression, narrow foraminal cervical spine stenosis, thoracic spine and lumbar spine degenerative disc disease, lumbar facet arthrosis, lumbar herniated nucleus pulposus, and right calcaneal fracture. Treatment to date has included medications, laboratory evaluations, CT angio of the chest. The request is for Amitriptyline, and a therapeutic chair. The records indicate he has been utilizing Amitriptyline since at least February 2014. On 4/14/2015, a PR-2 indicated he is in cardiac rehabilitation program but not utilizing a treadmill due to lack of proprioception and coordination from a cerebrovascular accident. He has a canine companion. He uses a back brace. The provider indicated he needed a replacement chair for posture management and tasks at home, as the current one was 14 years old. He is reported to be on Amitriptyline for nerve pain. He has an abnormal gait, dysesthesias, loss of proprioception, right greater than left, decreased coordination, strength 4/5 in the right lower extremity with decreased range of motion at right ankle. The treatment plan included: ankle brace, AFO replacement, stretching Amitriptyline, and replacement therapeutic chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 50mg #30 with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** MTUS recommends use of tricyclic anti-depressants as first-line treatment for multiple forms of chronic musculoskeletal injury. An initial physician review acknowledged this but expressed concern about cardiac risk factors in this case. Assessment of such risk vs. benefit is the domain of the treating physician and has been appropriately considered in the records. Therefore, the request is medically necessary.

**1 therapeutic chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Durable Medical Equipment.

**Decision rationale:** ODG recommends durable medical equipment if it serves a medical need and is not generally useful in the absence of illness. The records in this case do not clearly document the type of therapeutic chair desired or the rationale for its use. Thus, it is not possible to apply a guideline in support of this request. The request is not medically necessary.