

Case Number:	CM14-0142179		
Date Assigned:	09/10/2014	Date of Injury:	02/04/2010
Decision Date:	10/06/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 40 year old male who was injured on 2/4/2010. He was diagnosed with left shoulder impingement syndrome/arthrosis, lumbosacral strain/arthrosis, left knee pain, and sleep disturbance. He was treated with physical therapy, opioids, anti-epileptics, Elavil (for neuropathic pain and insomnia), lumbar epidural injection, and surgery (left knee). On 7/30/14, the worker saw his pain specialist reporting persistent pain, particularly in the leg, rated at 7/10 on the pain scale. He was then recommended to continue his medications (Elavil, Neurontin, and Norco). It was not documented whether or not the worker was employed and working or not.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant

choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. The worker in this case was using Elavil (Amitriptyline) for some time leading up to the request for renewal, but with no significant report in the pain level, the worker was experiencing. Also, there was no evidence of functional benefit from Elavil for the purpose of improving sleep or pain. Therefore, the continuation of Elavil is not medically necessary without this documented evidence of benefit.