

Case Number:	CM13-0023754		
Date Assigned:	11/15/2013	Date of Injury:	09/30/2011
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in California. 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 physician 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 patient is a 47-year-old female who reported an injury on 09/30/2011. The patient is currently diagnosed with cervical and trapezial musculoligamentous sprain and strain, myofascial pain syndrome, bilateral upper extremity radiculitis, disc bulge at C5-6, gastropathy secondary to medication use and status post EGD. The patient was seen by [REDACTED] on 04/22/2013. The patient reported 6-7/10 constant pain. Physical examination revealed tenderness to palpation over the paravertebral musculature, trapezius muscles, and levator scapulae muscles, positive axial compression testing, limited range of motion, tenderness to palpation over the paravertebral musculature, bilateral sacroiliac joints, positive straight leg raising, and positive Kemp's testing on the right with diminished range of motion. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desiperamine 10 mg tablets #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are controversial based on controlled trials. SSRIs have not been shown to be effective for low back pain. As per the clinical notes submitted, there is no indication of secondary depression. The documentation provided does not address the medical indication for which Desipramine is prescribed. As such, the medical necessary has not been established. Therefore, the request is noncertified.