

Case Number:	CM13-0051586		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	05/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation 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 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 injured worker is a 42-year-old female who reported an injury on 09/09/2010. The mechanism of injury was not stated. Current diagnoses included chronic neck pain, cervical spondylosis, right hand numbness, chronic pain syndrome with depression, myofascial pain, possible fibromyalgia, history of depression, and status post bilateral occipital nerve block. The injured worker was evaluated on 10/28/2013. The injured worker reported persistent neck, right shoulder, scapular, and arm pain. The injured worker reported improvement with a bilateral occipital block on 09/20/2013. The injured worker reported pain and difficulty sleeping with tightness. Physical examination revealed tenderness to palpation over the neck/shoulder girdle muscles, right trapezius, splenius, and levator scapula, as well as numerous trigger points over the neck and right shoulder/scapular region. Treatment recommendations at that time included an increase in Pamelor to 25 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10-20mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent. Assessment of treatment efficacy should include pain outcomes, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. There is no objective evidence of functional improvement as a result of the ongoing use of this medication. The current request does not include a frequency or quantity. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Pamelor 10-20 mg is non-certified.