

Case Number:	CM13-0059209		
Date Assigned:	06/09/2014	Date of Injury:	10/22/2008
Decision Date:	08/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/26/2013

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 Psychiatry 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 56 year old male with date of injury 10/22/2008. Date of the UR decision was 10/22/2013. Report dated 10/8/2013 indicated that he had been experiencing left knee pain, left ankle pain and right shoulder pain with a pain level of 8/10 without medications and 4/10 when he takes the pain medications. He was awaiting for an appointment with podiatrist. Injured worker was diagnosed with neuropathic pain and symptoms of depression, insomnia related to the chronic pain per the progress report. Report dated 9/17/2013 stated that he was suffering from mid back and left knee pain. The injured worker was being prescribed Lyrica, Norco, Buspar, Prilosec, Pamelor unknown strength 1.2-2 tabs at bedtime, TG Hot ointment, Medrox patch, Senakot and Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PAMELOR, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14.

Decision rationale: MTUS states antidepressants for chronic pain: 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 unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Pamelor is indicated for treatment since he suffers from chronic neuropathic pain which is accompanied by depression and insomnia. Since the strength requested is unknown, the request for Pamelor #60 is not medically necessary.

PROSPECTIVE REQUEST FOR AN UNKNOWN PRESCRIPTION OF KETOPROFEN:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: According to California Chronic Pain Medical Treatment Guidelines, Ketoprofen is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. Proceeding with Ketoprofen is not recommended at this time. According to guidelines Ketoprofen is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. Based on the guideline recommendations, the request for unknown prescription of Ketoprofen cream is not medically necessary.