

Case Number:	CM13-0068777		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2010
Decision Date:	04/23/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 53-year-old female who reported an injury on 05/03/2010. The precise mechanism of injury was not provided. The most recent documentation submitted for review was dated 09/04/2013, which revealed the patient reported taking Dexilant, Xanax, Neurontin, Ultram, and Tizanidine and was complaining of reflux symptoms. The patient's diagnoses included gastritis secondary to anti-inflammatory medications taken to relieve injury, cervical radiculopathy, left carpal tunnel syndrome, left ulnar decompression, status post right carpal tunnel release, status post right shoulder arthroscopic subacromial decompression procedure, and hypertension. The submitted request was for Desipramine 10 mg #30. The patient was noted to be on antidepressants since 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

DESIPRAMINE 10MG #30: Upheld

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

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

Decision rationale: California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. There was a lack of documentation indicating the necessity for this medication. There was no PR2 or DWC Form RFA submitted with the precise requested medication. Without the documentation there could be no establishment including an objective decrease in pain or objective improvement in function or the rationale for the patient taking the medication. Given the above, the request for Desipramine 10mg #30 is not medically necessary.