

<b>Case Number:</b>	CM14-0004191		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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:

This patient is a 60 year old female with a date of injury of 06/19/2013. Per a progress report on 11/22/2013, this patient presents with headaches, dizziness, ringing in both ears, and pain in the head that radiates into the neck occasionally. The pain is 4/10 to 6/10. Medication provides 80% relief, Oswestry 48%. The patient reports taking Pamelor 10 mg p.r.n. and Ibuprofen. Pamelor seems to help her sleep, but the patient experiences some next-day grogginess. Listed diagnoses include myofascial pain and headaches. The request for Pamelor was denied by a utilization review letter on 12/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAMELOR 10MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRICYCLIC ANTIDEPRESSANTS, 15

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

**Decision rationale:** This patient presents with chronic neck pain, headaches, with insomnia due to chronic pain. The request is for Pamelor 10 mg #60. The treating physician's report,

11/22/2013, clearly indicates that the patient benefits from the use of Pamelor to help with sleep and pain. The MTUS Guidelines page 13 states that antidepressants, particularly tricyclics, are generally considered first-line agents and are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. In this patient, assessment of pain outcome has been provided. Medication is noted to help with the insomnia, which is a common sequelae for chronic pain. The patient reports some side effects, but the treating physician is managing that. Given the support from the MTUS Chronic Pain Guidelines for the use of tricyclics for chronic pain, the request is medically necessary and appropriate.