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| Case Number: | CM14-0007628 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 09/26/2006 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 01/20/2014 |

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 Occupational 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 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 is a 68-year-old female patient with a 9/26/2006 date of injury. The patient tripped and fell in the parking lot at work. She fell forward onto both knees putting her hands out to break the fall. She felt immediate pain in the low back, bilateral knees and feet. On an 11/19/13 clinic visit, the patient complained of low back constant pain, which radiate down to both legs with cramps and weakness. Oswestry was 76%. On physical exam, the patient walked with a cane, ROM in flexion, extension, lateral bending and rotation was limited with pain. There was tenderness to palpation of the lumbar paraspinal muscles. As well as in both legs. The patient was diagnosed with chronic pain syndrome, myofascial pain, lumbar sprain and strain, and sprain of the knee and leg. It was noted that the patient had recently started Pamelor a few nights prior to this visit and while the patient did not note any pain relief with the medication (pain was noted to be 9/10), but she was able to sleep an extra hour per night. She was again seen on 12/20/13 the patient stated the Pamelor caused mood changes and irritability; her pain then was noted to be an 8/10. As a result, Pamelor was discontinued and the patient was started on Doxepin. The UR decision dated 12/13/2013 modified the request for Pamelor 10mg #60 to #30 given the dosing was one tablet per night and 30 tablets allowed for a 1 month trial of the medication to assess for potential benefit as it was a new medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAMELOR 10MG #60 PO QHS: Upheld

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, , 15

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. The Patient was started on Pamelor 10 mg nightly on 11/19/13 for chronic pain with a VAS of 9/10. The UR decision modified the request from 60 tablets to 30 tablets as the patient was being seen on a monthly basis and starting a new medication, hence the need for 60 tablets was not clear as the patient was prescribed one tablet nightly. A follow up exam dated 12/20/13 noted a VAS of 8/10 and the patient complained of mood changes and irritability on her one-month trial of Pamelor which was subsequently discontinued and Doxepin was started. As this was a new medication, especially a TCA that was prescribed for pain control, a quantity of 60 tablets was not warranted given the patient was going to be seen for follow up in 1 month and the prescription was for one tablet nightly, hence 30 tablets were sufficient in this case to assess for potential benefit. Therefore, the request for Pamelor 10mg #60 by mouth at bedtime is not medically necessary.