

Case Number:	CM14-0107119		
Date Assigned:	08/29/2014	Date of Injury:	11/15/2012
Decision Date:	10/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal 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:

The injured worker is a 57 year old woman whose reported date of industrial injury was 11/15/2012. The patient was seen by primary treating physician on 7/01/2014 and it was noted that the patient had low back pain and right hip and groin pain. She had evidence on imaging of osteoarthritis of that joint. The physician decided to discontinue Pamelor and Ralefan since these medications did not provide any benefit. A second opinion orthopedic report recommended no arthroscopic treatment for hip arthritis, rather eventually an arthroplasty given very severe arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg (quantity not listed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: As of 7/1/2014, the primary treating provider, and the second orthopedic opinion on 8/11/2014, that Pamelor and Relafen were not providing relief and these medications were discontinued by the primary treating provider. Additionally, no amount of Pamelor was

mentioned in the request. As such, both Pamelor and Relafen are not recommended. It is of note that the UR did recommend certification of Relafen, but the provider has discontinued its use.

Relafen 500mg (quantity not listed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: As of 7/1/2014, the primary treating provider, and the second orthopedic opinion on 8/11/2014, that Pamelor and Relafen were not providing relief and these medications were discontinued by the primary treating provider. Additionally, no amount of Pamelor was mentioned in the request. As such, both Pamelor and Relafen are not recommended. It is of note that the UR did recommend certification of Relafen, but the provider has discontinued its use.