

<b>Case Number:</b>	CM14-0108212		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and 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:

The injured worker is a 58-year-old male who reported an unknown injury on 05/05/2011. The clinical information submitted with this request is a handwritten progress note dated 07/11/2014 and is extremely difficult to read. There is no rationale included with this worker's chart. A Request for Authorization for the Pamelor dated 07/11/2014 was included. There was no Request for Authorization for the acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pamelor 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16..

**Decision rationale:** The California MTUS Guidelines recommend anti-depressants 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 are contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and

duration and psychological status. Side effects including excessive sedation should also be assessed. There is no documentation in this chart as to the efficacy of treatment, pain outcomes or evaluation of function with the use of Pamelor. Additionally, the request did not include a quantity or a frequency of administration. Therefore, this request for Pamelor 10 mg is not medically necessary.

**Acupuncture treatment, 2 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The requested 8 treatments of acupuncture exceeds the recommendations in the guidelines. Additionally, no body part to which the acupuncture treatment was to have been applied was included in the request. Therefore, this request for acupuncture treatment 2 times per week for 4 weeks is not medically necessary.