

Case Number:	CM14-0019263		
Date Assigned:	04/21/2014	Date of Injury:	03/15/2013
Decision Date:	07/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 59 year old female who reported an injury on 03/15/2013. The injured worker was seen for a physical evaluation on 06/24/2013 and had complaints of left and right elbow pain, left wrist pain and right shoulder pain. She reported use of ibuprofen and over the counter pain creams for symptoms. She described the pain as radiating. The exam of the right shoulder included slight range of motion deficits with pain. The exam of the bilateral elbows and left wrist included decreased range of motion with right elbow and bilateral tenderness of the elbows and left wrist. Recommended treatment includes Pamelor for chronic pain. There was not a request for authorization for medical treatment in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAMELOR 10 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Pamelor 10mg #60 is non-certified. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend tricyclic antidepressants for neuropathic

pain; however, caution is required because tricyclic antidepressants have a low threshold for toxicity. Tricyclics are generally considered a first-line agent in neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The guidelines note antidepressants are recommended as an option for depressed patients with non-neuropathic pain. The injured workers evaluation does not include an adequate pain assessment and it lacked supportive objective findings of neuropathic pain. Therefore, the request is non-certified.

DUEXIS 26.6/800MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Duexis 26.6/800mg #90 is non-certified. The CA MTUS Chronic Pain Medical Treatment Guidelines indicate this class of drug may be considered if the patient has a risk of GI complications, but not for the majority of patients. The Official Disability Guidelines state Duexis is not recommended as a first-line drug. Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. It was unclear if the injured worker had a history of GI events. It was unclear if the injured worker tried first line medication prior to the request for Duexis. As such, the request is non-certified.