

<b>Case Number:</b>	CM14-0158649		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/23/2006
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 40-year-old with a date of injury on February 23, 2006. Diagnoses include lumbosacral degenerative disc disease, status post lumbar laminectomy, depressive disorder, and myofascial pain syndrome. Subjective complaints are of chronic lumbar spine pain with radiation into both legs. Physical exam shows decreased lumbar range of motion, and paravertebral muscle spasm and tenderness. Straight leg raising test was negative. Medications include Diclofenac, Pamelor, Trazodone, lidocaine cream, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pamelor 10 mg, sixty count with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Section Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS, Page(s): 14-16.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are considered first line unless they are ineffective, poorly tolerated, or contraindicated. This patient has documented evidence of neuropathic pain, and a depressive

disorder. Therefore, the use of Pamelor is consistent with guideline recommendations, and the medical necessity is established. Therefore, the request for Pamelor 10 mg, sixty count with one refill, is medically necessary and appropriate.