

<b>Case Number:</b>	CM14-0023125		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and 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 48-year-old female who reported an injury on 12/01/2002, due to an unknown mechanism of injury. The injured worker complained of pain in the neck, mid back, and low back. She rated her pain a 6/10 to 8/10 without pain medications, and with pain medications, 3/10 to 4/10. There were no diagnostic studies submitted for review. The injured worker had diagnoses of cervical radiculopathy, chronic pain syndrome, thoracic herniated disc, upper extremity bilateral paresthesias, tension headaches, neuropathic pain, and chronic pain related insomnia. There was no documentation provided of any past treatment methods other than medications. The injured worker stated she had not received any medications since 09/2013. On 11/11/2013, the injured worker was prescribed the following medications: Anaprox 550 mg, capsaicin compound ointment, and Vicodin 7.5 mg. The current treatment plan is for a urine drug screen, and Pamelor 25 mg #60. The rationale was not provided for the request. The Request for Authorization form of the urine drug screen was dated 11/11/2013. There was no Request for Authorization form for Pamelor 25 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The injured worker has a history of pain in the neck, mid back, and low back. The CA MTUS guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The injured worker's most recent drug screening prior to the request was on 08/20/13, which revealed that she was consistent with prescription therapy. Based on the documentation provided, the injured worker had been consistent with prescription therapy on drug screens. There was no documentation or evidence of aberrant behavior. The request is not medically supported at this time. Therefore, the request for one urine drug screen is non-certified.

**PAMELOR 25MG, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**Decision rationale:** The injured worker had a history of pain in the neck, mid back, and low back. The CA MTUS guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain unless they are ineffective, poorly tolerated, or 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, psychological assessment, and side effects. There was no rationale provided for the request. The documentation did not indicate how long the injured worker had been taking the proposed medication, or its efficacy. In addition, the frequency for the proposed medication was not provided. Given the above, the request for Pamelor 25mg, #60 is non-certified.