

Case Number:	CM14-0196557		
Date Assigned:	12/04/2014	Date of Injury:	02/14/2011
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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's working diagnoses are extreme obesity, hyperlipidemia, hypertension, iron deficiency anemia, tension headache, sleep disorder, history gusted bypass surgery, history lumbar spine surgery, probable left hip flexor muscle strain. The injured worker is followed by a pain management physician at [REDACTED]. The injured worker is being treated for chronic pain syndrome. He is being treated with Desipramine 100mg qhs, gabapentin 600 mg, and tramadol 50 to 100 mg every four hours as needed. Orthopedic injuries include failed back syndrome, L4 - L5 disc herniation, and generative disc disease lumbar spine with radiculopathy. SMRI scan of the lumbar spine dated January 17, 2014 showed status post fusion L2 - L5 with multilevel laminectomy and fusion. There was no significant central spinal canal stenosis. August 15, 2014 internal medicine progress note indicated the patient had an EKG with a normal sinus rhythm and no significant STT changes. Lab work was performed May 29 of 2013 from [REDACTED]. There were mild abnormalities in the blood glucose (153). The documentation does not contain a causal relationship of the blood sugar to the work-related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desipramine level: 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 Antidepressants Page(s): 13,19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Desipramine level is not medically necessary. Desipramine is an antidepressant indicated for depression. Antidepressants are useful in treating depression, including depression in physically ill patients as well as chronic headaches associated with depression. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are extreme obesity, hyperlipidemia, hypertension, iron deficiency anemia, tension headache, sleep disorder, history gastric bypass surgery, history lumbar spine surgery, probable left hip flexor muscle strain. The subject of section in the interim history indicates another physician [REDACTED] recommended Desipramine. Desipramine is being used to treat chronic pain. Desipramine is an antidepressant. There is no clinical documentation with an indication/clinical rationale for desipramine level. The treating physician also requested an EKG and a comprehensive metabolic panel without clinical indications or rationales for those tests. Consequently, absent clinical documentation to support a Desipramine level, Desipramine level is not medically necessary.

Comprehensive metabolic panel: 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 History and Physical Assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Comprehensive metabolic panel (blood tests) is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish less confirm and observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are extreme obesity, hyperlipidemia, hypertension, iron deficiency anemia, tension headache, sleep disorder, history gastric bypass surgery, history lumbar spine surgery, probable left hip flexor muscle strain. The subject of section in the interim history indicates another physician [REDACTED] recommended desipramine. There is no clinical indication for the drug level because there is no clinical indication for the drug (i.e. depression). The treating physician also requested a comprehensive metabolic panel without a clinical indication or rationale. Consequently, absent clinical documentation/indication to support a comprehensive metabolic panel, comprehensive metabolic panel (blood tests) is not medically necessary.

EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation History and Physical Assessment

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, an EKG is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish less confirm and observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are extreme obesity, hyperlipidemia, hypertension, iron deficiency anemia, tension headache, sleep disorder, history gastric bypass surgery, history lumbar spine surgery, probable left hip flexor muscle strain. The subject of section in the interim history indicates another physician [REDACTED] recommended desipramine. The treating physician also requested an EKG without a clinical indications or rationale. Consequently, absent clinical documentation to support an EKG, and EKG is not medically necessary.