

Case Number:	CM14-0207394		
Date Assigned:	12/19/2014	Date of Injury:	08/11/2010
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic mid and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of August 11, 2010. In a Utilization Review Report dated November 21, 2014, the claims administrator apparently partially approved requests for Flomax, oxybutynin, omeprazole, Pristiq, and Norco while apparently denying Pamelor (nortriptyline). The claims administrator contended that the applicant was receiving appropriate antidepressant effect with Pristiq alone. The applicant's attorney subsequently appealed. In a December 3, 2014 progress note, the applicant reported ongoing complaints of low back and upper back pain, severe and/or worsened. The applicant was using six Norco a day. The applicant was not working and was in the process of applying for [REDACTED] benefits. The applicant reported 9/10 pain in the clinic, 3/10 pain with medications at best, and 10/10 without medications. Norco was refilled. Pamelor was endorsed for nightly use for neuropathic pain effect. Omeprazole was endorsed for dyspepsia. Voltaren gel was endorsed for myofascial pain complaints. It was not clearly stated whether Pamelor was a renewal request or a first-time request. The applicant's attorney subsequently appealed. A prescription history furnished by the claims administrator dated November 19, 2014 was reviewed. It did suggest that the applicant had received nortriptyline (Pamelor) at various points in time, including on March 10, 2012, March 4, 2014, June 11, 2014, July 7, 2014, September 10, 2014, and October 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Antidepressants for Chronic Pain Pag.

Decision rationale: The attending provider suggested on his December 3, 2014 progress note that Pamelor was being employed for neuropathic pain purposes as opposed to for depressive symptoms. The claims administrator's medication history log dated November 19, 2014 suggested that the applicant had been using Pamelor since 2012, at a minimum. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as nortriptyline (Pamelor) are considered a first-line treatment for neuropathic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, while the attending provider did state that ongoing medication consumption had attenuated the applicant's pain complaints, the attending provider failed to outline any material or meaningful improvements in function achieved as a result of ongoing Pamelor usage. The applicant was still using six Norco per day as of December 3, 2014, despite ongoing usage of Pamelor (nortriptyline). The applicant was not working and was in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged on December 3, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Pamelor (nortriptyline). Therefore, the request was not medically necessary.