

<b>Case Number:</b>	CM14-0217455		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 10/17/2006. The diagnoses have included thoracic and lumbar radiculitis/neuritis. Treatment to date has included medications, exercise, stretching and walking. Currently, the IW complains of low back pain with radiation to the gluteal area and down the left leg to the foot. The pain is described as burning, numbness and sharp. Pain with medications is rated as 7/10 and pain without medications is rated as 9/10. Objective findings included tenderness to the lumbar spinous, paraspinous and lumbosacral area. Lateral flexion is 25 degrees to the right and left, rotation to the right and left is 45 degrees, extension is 25 degrees and flexion is 35 degrees. On 12/17/2014, Utilization Review modified a request for Desipramine HCL 50mg #30, noting a need for reevaluation prior to continuation of the medication. The MTUS was cited. On 12/26/2014, the injured worker submitted an application for IMR for review of Desipramine HCL 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Desipramine HCI 50mg #30 with 4 refills:** Overturned

**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 for chronic pain, Page(s): 13-15.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics such as desipramine are generally considered a first-line agent. The usual adult dose is 100 to 200 mg per day, although the dose can be initiated at a lower level and increased according to tolerance and clinical response. The dosing being prescribed is therefore within that recommended and considered medically necessary.