

Case Number:	CM15-0009890		
Date Assigned:	02/23/2015	Date of Injury:	06/09/2009
Decision Date:	04/07/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/16/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 36-year-old female who sustained an industrial injury on June 9, 2009. She has reported hip pain and has been diagnosed with chronic low back pain, leg pain, myofascial pain syndrome, and depression. Treatment has included rest and medications. Currently the injured worker complains of leg pain described as constant of moderate severity and throbbing. Treatment included medications. On December 11, 2014 Utilization Review modified Imipramine 10 mg # 30, five refills citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imipramine 10mg # 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain page 13-16.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Imipramine with 5 refills. MTUS

guidelines state the following: Antidepressants are recommended as a first line medication, but that this medication should be monitored every few months, and that long term effects have not been established. The amount of medication refills exceeds the current recommend guideline. Fewer refills have been recommended for certification. According to the clinical documentation provided and current MTUS guidelines; Imipramine with 5 refills is not indicated as a medical necessity to the patient at this time.