

Case Number:	CM15-0010020		
Date Assigned:	01/27/2015	Date of Injury:	08/18/2011
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 36 year old male, who sustained an industrial injury on 8/18/2011. He has reported chronic left shoulder pain status post left shoulder arthroscopic surgery 2012, left knee pain, and low back pain. The diagnoses have included anterior cruciate ligament (ACL) tear left knee, tendinitis of the left hip, status post ACL reconstructive surgery 6/6/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and joint injection. Currently, the IW complains of daily headache, left knee pain and left hip pain but denied the presence of anxiety or depression. The pain score decreased from 8/10 to 4/10 with medications. Physical examination from 12/8/14, significant for left knee joint effusion, normal Range of Motion (ROM), and with left lateral greater trochanter pain. Diagnoses included ACL tear left knee and left hip tendinitis. A Kenalog injection was administered to the left hip on that date. PR-2 from 12/5 14 documented an increase of Pamelor dose from 25mg to 100mg to better hopefully improve the daily headaches. The Amitriptyline was discontinued because it was no longer effective. The medications listed are Advil, Tramadol, Omeprazole and Pamelor. On 12/23/2014 Utilization Review non-certified Pamelor 100mg #30 with one (1) refill, noting the documentation did not support the recommended indication for the requested treatment. The MTUS Guidelines were cited. On 1/19/2015, the injured worker submitted an application for IMR for review of Pamelor 100mg #30 with one (1) refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 100mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antidepressants.

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that antidepressants can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The records indicate that the patient denied the presence of depression, anxiety or any psychosomatic disorders. The medication was changed from Amitriptyline to Pamelor for the treatment of daily headache because Amitriptyline was no longer effective. There is no documentation that the patient failed treatment with first-line preventive and abortive headache medications. The guidelines did not recommend high doses as Nortriptyline as a standard first line headache medication. The criteria for the use of Pamelor 100mg #30 1 refill was not met. This request is not medically necessary.