

<b>Case Number:</b>	CM15-0012389		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 35-year-old female, who sustained an industrial injury on 3-19-2014. The mechanism of injury was a cumulative injury. The injured worker was diagnosed as having bilateral plantar fasciitis, right knee strain, lumbar strain and chronic pain syndrome. Treatment to date has included therapy and medication management. In a progress note dated 12-8-2014, the injured worker complains of bilateral feet pain rated 5-6 out of 10 on the right and 4-5 out of 10 on the left, right knee pain rated 4 out of 10 and low back-hip pain rated 5 out of 10. Physical examination showed lumbar tenderness with decreased range of motion and tenderness in the right knee and bilateral feet. The treating physician is requesting Pamelor 10 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pamelor 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic Page(s): 13.

**Decision rationale:** According to MTUS guidelines, antidepressants "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed." The provider prescribed Pamelor to help with insomnia. However there is no documentation of recent characterization of the patient insomnia. There is no documentation of failure of first line non pharmacological intervention to treat the patient insomnia. Therefore, the request for Pamelor 10mg #60 is not medically necessary.