MAXIMUS Federal Services

Case Number:	CM15-0015329		
Date Assigned:	02/03/2015	Date of Injury:	07/02/2010
Decision Date:	04/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 57 year old female patient, who sustained an industrial injury on 07/02/2010. Her diagnoses are depression and anxiety not otherwise specified, and cannabis dependence. A follow up visit dated 11/11/2014, reported the patient with subjective complaint of flare-up of symptoms with an increased amount of pain radiating into her right leg. Physical examination found tenderness to palpation as well as spasm about the right side of the lumbar paraspinal musculature. A request was made for Norco 10/325 MG # 90, Pamelor 10MG, and Neurontin 800MG. There was mention of Lexapro in 08/2014. On 12/23/14 a psychotherapy session note reported that the patient endorsed sleep disturbance, and symptoms of depression of sadness, fatigue, loss of pleasure, appetite changes, social avoidance, and isolation. On 01/12/2015, Utilization Review, non-certified the requests for Norco, Pamelor, and Neurontin. 01/27/2015, the injured worker submitted an application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Tricyclics, Antiepileptic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilron, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain., page 15 of 127 Page(s): 15 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress; Antidepressants-SSRI's versus tricyclics: Under study. There is some disagreement about the choice of first-line therapy between selective serotonin reuptake inhibitors (SSRI's), which include Prozac (fluoxetine), Zoloft, Paxil, and others, versus the older tricyclic antidepressants (TCA), such as amitriptyline, but most studies point to superior outcomes from the SSRI's.

Decision rationale: The patient has been prescribed Pamelor 10mg, for unclear reasons. She has documented neuropathic pain. She also has documented symptoms of depression, anxiety, and sleep disturbance, and the diagnoses of depressive disorder not otherwise specified and anxiety disorder not otherwise specified. However, her medication history is exceedingly unclear. There was mention of Lexapro in August 2014, but not thereafter, leaving one to wonder if it was discontinued or not. In reviewing records provided, I was unable to discern who prescribed the Pamelor, when it was prescribed, or the rationale for prescribing it. While true that tricyclic antidepressants are effective, SSRI's have been shown to be equally, if not more, effective and have a more favorable side effect profile. SSRI's are overall safer in the treatment of depression than tricyclics, which carry with them the risk of toxicity. Tricyclics are a first line option in neuropathy, however this patient is already on Neurontin. It is unclear if she requires dual treatment for neuropathy, no rationale was provided in this area either. As such this request is noncertified.