

<b>Case Number:</b>	CM15-0135286		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/26/1999
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 66 year old female with a February 26, 1999 date of injury. A progress note dated June 18, 2015 documents subjective complaints (persistent long-standing left hip and left knee pain; persistent lymphedema in the lower extremities; anxiety and depression), and current diagnoses (pain in joint, lower leg, bilateral). A progress note dated March 25, 2015 notes objective findings (significant tenderness and effusion over the right knee; swelling and effusion of the left knee with significant tenderness and pain with range of motion; bilateral lower extremity pitting; pain and tenderness with manipulation of the left hip; gait severely antalgic; left hip is painful with range of motion; tenderness over the hip and pain with standing). Treatments to date have included magnetic resonance imaging of the left hip (showed severe degenerative changes, extensive circumferential tearing of the left acetabular labrum, mild strain of the obturator externus muscles, and small effusion), medications, physical therapy, injections, and bilateral knee replacements. The treating physician documented a plan of care that included Pamelor 10 mg and Pamelor 25 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 capsules of Pamelor 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16.

**Decision rationale:** Regarding the request for Pamelor (Nortriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Pamelor provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Pamelor is not medically necessary.

**30 capsules of Pamelor 25mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16.

**Decision rationale:** Regarding the request for Pamelor (Nortriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Pamelor provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Pamelor is not medically necessary.