

Case Number:	CM15-0210843		
Date Assigned:	10/29/2015	Date of Injury:	02/26/1999
Decision Date:	12/17/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic knee and hip pain reportedly associated with an industrial injury of February 26, 1999. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve request(s) for Pamelor. An October 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant reported ongoing issues with chronic knee pain, chronic hip pain, and ancillary complaints of right lower extremity lymphedema. The applicant was using topical diclofenac, topical ketamine, topical doxepin, Prilosec, Zofran, Ambien, sublingual buprenorphine, topical Temovate, Vistaril, Pamelor, Lasix, Flonase, Symbicort, Dilantin, and Lipitor, it was reported. Buprenorphine was endorsed on heightened dosage, citing worsening of the applicant's pain complaints. The applicant's work status was not clearly reported. The applicant had apparently visited the emergency room secondary to flare in pain, the treating provider noted. On September 9, 2015, the applicant reported heightened complaints of hip pain, worsened with walking. The applicant's primary pain generator was hip arthritis, it was reported on this dated. The applicant was described as carrying diagnoses of severe left hip arthritis and failed left knee total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

Decision rationale: No, the request for Pamelor, an anti-depressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic anti-depressant such as Pamelor (nortriptyline) do represent a first-line option for low back pain and are a possibility for applicants with non-neuropathic pain, as was present here, in the form of the applicant's pain complaints associated with hip arthritis, knee arthritis, and lower extremity lymphedema, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on office visits of September 15, 2015 and September 9, 2015, suggesting the applicant was not, in fact, working. Heightened pain complaints were reported on September 15, 2015. The applicant had disability standing and walking, it was reported on September 9, 2015. Ongoing usage of Pamelor (nortriptyline) failed to curtail the applicant's dependence on opioid agents such as buprenorphine, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Pamelor 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

Decision rationale: No, the request for Pamelor, an anti-depressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic anti-depressant such as Pamelor (nortriptyline) do represent a first-line option for low back pain and are a possibility for applicants with non-neuropathic pain, as was present here, in the form of the applicant's pain complaints associated with hip arthritis, knee arthritis, and lower extremity lymphedema, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported

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