

Case Number:	CM15-0223179		
Date Assigned:	11/19/2015	Date of Injury:	11/20/2012
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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

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:

This is a 52 year old female with a date of injury of November 20, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, lumbar disc disease, and chronic pain syndrome. Medical records dated August 3, 2015 indicate that the injured worker complained of lower back pain radiating to the left leg with associated tingling, mid back pain, and pain rated at a level of 7 out of 10. A progress note dated October 15, 2015 documented complaints of lower back pain and left leg pain rated at a level of 3 out of 10, 8 to 9 out of 10 without medications, and 2 to 5 out of 10 with medications. Per the treating physician (October 22, 2015), the employee was working regular duty. The physical exam dated August 3, 2015 reveals tenderness to palpation in the low lumbosacral region, and positive straight leg raise on the left. The progress note dated October 15, 2015 documented a physical examination that showed decreased range of motion of the lumbar spine, and negative straight leg raise bilaterally. Treatment has included medications (Gabapentin, Metaxalone, Tramadol, and Cyclobenzaprine), and acupuncture treatments. The urine drug screen dated August 3, 2015 showed results that were consistent with the injured worker's prescribed medications. The utilization review (October 28, 2015) non-certified a request for Pamelor 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 25mg quantity 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 Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The MTUS Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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 should be assessed, including excessive sedation (especially that which would affect work performance). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Tricyclic antidepressants are recommended as a first-line agent for radicular back pain or in patients with a history of depression. In this case, it appears that the injured worker's back pain is non-radicular and there is no stated history of depression. Additionally, she is currently prescribed Tramadol which has allowed her to return to work. The request for Pamelor 25mg quantity 30 is determined to not be medically necessary.