

Case Number:	CM15-0224496		
Date Assigned:	11/20/2015	Date of Injury:	02/26/1999
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 66 year old female, who sustained an industrial injury on February 26, 1999. The injured worker was undergoing treatment for major depressive disorder, pain disorder with related psychological factors, other chronic pain, pain in the right knee and left knee, status post gastric bypass surgery and knee replacement. According to progress note of October 29, 2015, the injured worker was being seen for a follow-up visit. The injured worker reported mood was significantly better with Pamelor. The injured worker reported that the pain level was reduced by 10-20% especially at night. The injured worker was taking Buprenorphine for the main source of pain relief. The objective exam noted the injured worker continued to complain of depression, but denied anxiety, hallucinations and suicidal thoughts. The injured worker previously received the following treatments Ondansetron, Ambien, Vistaril, Pamelor 10mg in the AM and 25mg in at bedtime since May 18, 2015; Dilantin and topical creams. The RFA (request for authorization) dated October 30, 2015; the following treatments were requested prescriptions for 30 Capsules of Pamelor 10mg in the AM and 30 Capsules of Pamelor 25mg at bedtime. The UR (utilization review board) denied certification on November 10, 2015; for prescriptions for 30 Capsules of Pamelor 10mg in the AM and 30 Capsules of Pamelor 25mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Pamelor 10 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Pamelor prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1999 when she fell downstairs while coming down a fire escape landing on her left hand and left knee. She underwent gastric bypass surgery and then had a left total knee replacement. She has osteoarthritis affecting her left hip. She has poor mobility. She has significant bilateral lower extremity lymphedema and is receiving lymphedema management including use of compression bandaging and garments. She has anxiety and depression and insomnia. In July 2015 she had a normal body mass index. When seen in October 2015 she had lost 24 pounds of water weight in her legs in two days. Medications included Pamelor which was significantly helping with her mood and decreasing pain by 10-20% at night. Physical examination findings included appearing in pain. She had an antalgic gait and was using a walker due to the severity of her lymphedema. Medications were continued including Pamelor. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. Dosing of Pamelor (nortriptyline) for neuropathic pain can start as low as 25 mg and, in many people low doses are enough to control the symptoms of pain. In this case, the claimant has depression and chronic pain including pain from chronic lymphedema. There is benefit from this medication in treating both of these diagnoses. Ongoing prescribing was medically necessary.

30 capsules of Pamelor 25 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Pamelor prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1999 when she fell downstairs while coming down a fire escape landing on her left hand and left knee. She underwent gastric bypass surgery and then had a left total knee replacement. She has osteoarthritis affecting her left hip. She has poor mobility. She has significant bilateral lower extremity lymphedema and is receiving lymphedema management including use of compression bandaging and garments. She has anxiety and depression and insomnia. In July 2015 she had a normal body mass index. When seen in October 2015 she had lost 24 pounds of water weight in

her legs in two days. Medications included Pamelor which was significantly helping with her mood and decreasing pain by 10-20% at night. Physical examination findings included appearing in pain. She had an antalgic gait and was using a walker due to the severity of her lymphedema. Medications were continued including Pamelor. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. Dosing of Pamelor (nortriptyline) for neuropathic pain can start as low as 25 mg and, in many people low doses are enough to control the symptoms of pain. In this case, the claimant has depression and chronic pain including pain from chronic lymphedema. There is benefit from this medication in treating both of these diagnoses. Ongoing prescribing was medically necessary.