

<b>Case Number:</b>	CM15-0049537		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/21/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male who sustained an industrial injury on 07/21/06. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not discussed. Current complaints include left shoulder, bilateral knee, left hip, and low back pain. In a progress note dated 02/12/15 the treating provider reports continued physical therapy, and medications including Norco, Pamelor, and Colace. The requested treatment is Pamelor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pamelor 10mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** The patient presents with left shoulder, bilateral knees, left hip and low back pain rated at 7/10. The request is for PAMELOR 10MG #90. The request for authorization is

not provided. Patient's diagnoses include DJD knee; rotator cuff syndrome; tear med menisc knee; and chronic pain syndrome. The patient is attending physical therapy for the left shoulder. The patient ambulate with a single point cane. Meds decrease pain, allow for increase in activity tolerance, no side effects. Patient's medications include Norco, Colace and Pamelor. The patient is returned to modified work. MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) 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." Treater does not specifically discuss this medication. The patient is prescribed Pamelor since at least, 07/08/14. Per progress report dated, 02/12/15, treater states, "Meds decrease pain, allow for increase in activity tolerance, no side effects." In this case, given the patient's continued pain, diagnosis and documented treatment efficacy as required by MTUS, the request appears reasonable. Therefore, the request IS medically necessary.