

Case Number:	CM15-0055135		
Date Assigned:	03/30/2015	Date of Injury:	09/26/2014
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Internal 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 37 year old female with an industrial injury dated 09/26/2014. Diagnosis is not documented. Prior treatments include acupuncture (report on chart). There is a doctors first report of occupational injury or illness (date unavailable) which documents the injured worker's family history was negative for rheumatologic, autoimmune or inflammatory diseases. The injured worker was ambulatory with non-antalgic gait. No subjective findings were documented. The only other documents are an acupuncture note dated 01/30/2015, a request for aquatic therapy (not dated) and MRI of upper extremity dated 01/28/2015. There is an image of a prescription for Pamelor one tab nightly # 30. The request for authorization is for Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Pages 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicated that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. Pamelor 10 mg #30 with one refill was requested. The doctor's first report of occupational injury, which was undated, did not document subjective complaints. No pain or tenderness was documented on physical examination. No diagnosis was documented. Date of injury was 9/26/14. The medical records do not provide support for the use of Pamelor (Nortriptyline). Therefore, the request for Pamelor (Nortriptyline) is not medically necessary.