

Case Number:	CM15-0086913		
Date Assigned:	05/11/2015	Date of Injury:	10/08/2008
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 52-year-old male, who sustained an industrial injury on 10/08/08. He reported pain in his low back. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included Percocet, Pamelor (since at 3/10/15) and physical therapy. On 1/14/15, the injured worker reported falling on ice and reinjuring his lower back. As of the PR2 dated 4/14/15, the injured worker reports low back and extremity pain. He noted more numbness in his legs since discontinuing Lyrica and Cymbalta. He rates his pain 8/10 without medications and 4/10 with medications. The treating physician noted decreased range of motion in the lumbar spine and decreased sensation in the posterior lateral legs and anterior thighs. The treating physician requested Pamelor 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 75 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: Antidepressant for chronic pain is recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of 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). The injured worker has been prescribed Pamelor since March 2015. The available records do report significant pain relief and increased function with the use of Pamelor. Utilization review recommended non-certification based on proprietary prescription versus generic while the injured worker has an approved request for generic (nortryptiline). Per the MTUS Guidelines, consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. The requesting physician has not established medical necessity for Pamelor over generic prescription. The request for Pamelor 75 MG #30 is determined to not be medically necessary.