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| Case Number: | CM14-0117676 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 07/30/2006 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 yr. old male claimant sustained a work injury on 7/30/06 involving the neck . He was diagnosed with cervical disk disease and brachial neuritis. In addition, he had depression and anxiety for which he was treated with Seroquel, Pamelor and Zoloft since at least November 2013. A progress note on 7/1/14 indicated the claimant had continued neck pain with radiation to both arms. He had some difficulties with sleep. No mention on anxiety or depression were noted. He was continued on Pamelor, Zoloft and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants.

Decision rationale: Pamelor is an antidepressant. According to the MTUS guidelines, anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. According to the ODG guidelines, anti-depressants are recommended, although not generally as a stand-alone treatment. In addition, it remains difficult to determine in

what measured improvements observed in clinical trials of antidepressants may be attributable to the psychological predispositions of the subjects, and especially their sense of control. A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. Antidepressant medication exerts a modest beneficial effect for patients with combined depressive- and substance-use disorders. It is not a stand-alone treatment, and concurrent therapy directly targeting the addiction is also indicated. In this case, there was no documentation on the indication for use of Pamelor for depression. The claimant had been on 3 anti-depressants. Response to depression or mood and psychiatric examination was not noted to justify use of Pamelor. Therefore the use of Pamelor is not medically necessary.