

Case Number:	CM15-0114730		
Date Assigned:	06/23/2015	Date of Injury:	06/05/1996
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male who sustained an industrial injury on 06/05/96. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar brace, and back surgery. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbago and thoracic or lumbosacral neuritis or radiculitis. In a progress note dated 05/07/15 the treating provider reports the plan of care as medications including Lidoderm patches, EMLA cream, Nortriptyline, Advil, and Pamelor, as well as a home exercise program. The requested treatments include Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 30mg. PO nightly, quantity/number of refills not specified, submitted diagnoses lumbago, lumbar (lower back) radiculopathy, as an out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15.

Decision rationale: Pamelor 30mg. PO nightly, quantity/number of refills not specified, submitted diagnoses lumbago, lumbar (lower back) radiculopathy, as an out-patient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Pamelor is a tricyclic antidepressant. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. The request cannot be certified as medically necessary without a quantity or number of refills specified therefore this request is not medically necessary.