

Case Number:	CM15-0122027		
Date Assigned:	07/06/2015	Date of Injury:	09/01/2010
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 9/1/10. He reported pain in his bilateral wrists and hands related to repetitive movements. The injured worker was diagnosed as having bilateral de Quervain's syndrome and tenosynovitis of the wrist and hand. Treatment to date has included an EMG/NCS of the upper extremities, physical therapy, Voltaren gel and Pamelor. As of the PR2 dated 3/23/15, the injured worker reports left pain greater than the right. He rates his pain 5/10 in the left hand/wrist and 3-4/10 in the right hand/wrist. Voltaren gel is only slightly helpful with the pain. Objective findings include left and right wrist flexion is 80 degrees, extension is 60 degrees, radial deviation is 10 degrees and ulnar deviation is 20 degrees. The treating physician increased the dose of Pamelor to 50mg every night. The treating physician requested Pamelor 50mg every night x 9 refills. The patient has had MRI of the bilateral hands and left upper extremity on 8/9/14 that revealed degenerative changes and tenosynovitis. The patient has had EMG of right upper extremity on 5/29/15 that revealed mild right CTS. Per note dated 6/1/15 patient had complaints of pain in bilateral upper extremity and shoulder. Physical examination of the bilateral upper extremity revealed 5/5 strength, positive Finkelstein and Phalens sign, and negative Tinel sign, decreased sensation in left fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 50mg, orally every night at bedtime, (unknown quantity) with 9 refills:
Overturned

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 Page 13 Antidepressants for chronic pain.

Decision rationale: Request: Pamelor 50mg, orally every night at bedtime, (unknown quantity) with 9 refills. According to the CA MTUS chronic pain guidelines antidepressant are "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." He reported pain in his bilateral wrists and hands related to repetitive movements. The injured worker was diagnosed as having bilateral de Quervain's syndrome and tenosynovitis of the wrist and hand. As of the PR2 dated 3/23/15, the injured worker reports left hand / wrist pain greater than the right. The patient has had EMG of right upper extremity on 5/29/15 that revealed mild right CTS. Per note dated 6/1/15 patient had complaints of pain in bilateral upper extremity and shoulder. Physical examination of the bilateral upper extremity revealed positive Finkelstein and Phalens sign, decreased sensation in left fingers. A Tricyclic anti-depressant (like pamelor) is recommended as a first line option for neuropathic pain. It is given on a daily basis for long-term use. The request for Pamelor 50mg, orally every night at bedtime, (unknown quantity) with 9 refills is medically appropriate and necessary in this patient.