

<b>Case Number:</b>	CM14-0008732		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery 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:

The claimant is a 43-year-old male who was injured on September 27, 2007. The progress note dated generally 2nd 2014 indicates that the claimant returns and is doing "all right on nortriptyline 25mg at night." The claimant is documented as following up on monthly intervals for medication management. The utilization review in question was rendered on January 10, 2014. The reviewer modified the request from a 5 supply to a two-month supply indicating that a follow-up appointment for medication management was scheduled in one month. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PAMELOR (NORTRIPTYLINE) 25MG, #30 WITH 4 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLIC ANTIDEPRESSANT. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLICS Page(s): 122.

**Decision rationale:** The MTUS supports the use of tricyclic antidepressants as a first-line agent in the management of neuropathic pain. Based on the clinical documentation provided, this

medication is also being utilized towards antidepressant effect. The follow up is documented as being scheduled for follow-up appointment one month. As such, it is unclear why a five-month supply is necessary. As such, the request is considered not medically necessary.