

Case Number:	CM14-0019056		
Date Assigned:	05/09/2014	Date of Injury:	07/08/2013
Decision Date:	07/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 37-year-old female who reported an injury on 07/08/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 01/08/2014 indicated diagnoses of left shoulder impingement syndrome, left shoulder rotator cuff tendinitis, left shoulder internal derangement, left shoulder frozen shoulder and cervical strain. The injured worker reported left shoulder limitations of activities of daily living with pain on any overhead activity. The injured worker reported severe symptoms and head limitations of overhead activities with the left shoulder. Conservative care included cortisone injection, therapy, medication, and limited use were carried out for at least 3 months prior to considering surgery and the injured worker continued to have pain even after the injection. The injured worker received short term relief with the injection. On physical examination of the cervical spine, there was tenderness over the paracervical musculature, pain with extension and lateral bending, positive Neer's and Hawkins tests, and positive greater tuberosity tenderness. The injured worker also had positive tenderness and spasm in the pectoralis major musculature. The injured worker had positive AC joint tenderness, positive AC joint compression tenderness and crossover test. The injured worker's resisted abduction strength was 4/5, resisted external strength was 4/5. The injured worker's range of motion for the shoulder revealed abduction for the left shoulder was 45 degrees and forward flexion of the left shoulder was 45 degrees. The injured worker's prior treatment included diagnostic imaging, surgery, and medication management. The injured worker reported medications are giving her both functional improvement and pain relief. The injured worker's medication regimen included diclofenac XR, omeprazole, tramadol, cyclobenzaprine, and Ondansetron. The provider submitted a request for

nortriptyline 25 mg, 30 tablets. The Request for Authorization dated 01/27/2014 was submitted for nortriptyline; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORTRIPTYLINE 25MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLIC ANTIDEPRESSANTS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NORTRIPTYLINE, ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

Decision rationale: The request for NORTRIPTYLINE 25MG, #30 is non-certified. The California Chronic Pain Medical Treatment Guidelines recommends Nortriptyline as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The documentation submitted did not indicate the injured worker had findings that would support the presence of neuropathic pain. In addition, the request did not indicate a frequency for the nortriptyline. The efficacy of the medication was not provided. Therefore, per the Chronic Pain Medical Treatment Guidelines the request for nortriptyline 25 mg 30 tablets is not medically necessary and appropriate.