

Case Number:	CM14-0160628		
Date Assigned:	10/03/2014	Date of Injury:	09/23/2000
Decision Date:	11/19/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and is licensed to practice in California, Illinois, and Montana. 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 44 year old male who reported injury on 09/23/2000. The mechanism of injury was not provided. He was diagnosed with recurrent major depression, lumbar post-laminectomy, chronic pain, rotator cuff tear arthropathy and had a history of anxiety disorder. The injured worker's past treatments have included lumbar surgery, a bone stimulator and medications. The injured worker stated on 09/16/2014 that use of Cymbalta had decreased his depression and pain by 40%. He also reported that he remained in moderate-severe pain, but stated that his pain was somewhat better controlled with his medication regimen, he was able to perform basic activities of daily living, and he had decreased depression and anxiety. His medications included Cymbalta, gabapentin, Lidoderm, nortriptyline, OxyContin, Percocet and Hydroxyzine. The treatment plan included a prescription for nortriptyline to taken at bedtime. A request was made for Nortriptyline 10mg. However, the rationale and the Request for Authorization form were not provided in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Gabapentin (Neurontin); Opioids;. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The request for Nortriptyline 10mg is not medically necessary. The California MTUS guidelines stated antidepressants for chronic are recommended as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclic antidepressants are recommended as first line treatment; however they are noted to have a small to moderate effect for lower back pain. The injured worker indicated that use of Cymbalta had decreased his depression and pain by 40%, and he was able to perform basic activities of daily living. The treatment plan included a prescription for nortriptyline to taken at bedtime. However, a rationale for the addition of this medication to Cymbalta was not provided and as the injured worker was noted to report significant benefit with his current medications, it is unclear why this additional prescription is needed. Additionally, the request, as submitted, did not specify a frequency of use and quantity. Therefore, the request for Nortriptyline 10mg is not medically necessary.