

Case Number:	CM14-0024848		
Date Assigned:	06/13/2014	Date of Injury:	02/24/1999
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 57 year old female who is reported to have sustained work related injuries to the cervical spine on 02/24/99. The exact mechanism of injury is not described. She has chronically been maintained on oral medications and an implanted spinal cord stimulator. Records indicate that the injured worker is status post anterior cervical discectomy and fusion (ACDF) from C5 to C7 with residuals. Per a clinical note dated 03/14/14, the injured worker is pending removal of the spinal cord stimulator. Current medications include Norco 10/325mg, Morphine Sulfate 15mg, Omeprazole, Soma, Fioricet, Nortriptyline, and Citalopram. The records include an operative report dated 03/21/14 in which the spinal cord stimulator was explanted without complication. The records indicate that the injured worker has been diagnosed with both anxiety and depression. She is provided the oral medication Nortriptyline to treat her depressive symptoms. The record contains a utilization review determination dated 02/13/14 in which a request for Nortriptyline was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NORTRIPTYLINE HCL 25 MG #60: 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 Antidepressants Page(s): 13-18.

Decision rationale: The request for pharmacy purchase of Nortriptyline HCL 25mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed cervical surgery syndrome for which she is treated with oral medications and previously a spinal cord stimulator. The records indicate a subsequent explantation of the spinal cord stimulator on 03/21/14. There are multiple references to the injured worker as having anxiety and depression for which the medication Nortriptyline would be clinically indicated. There is sufficient data contained in the clinical record to support the medical necessity of the request.