

Case Number:	CM14-0042835		
Date Assigned:	06/30/2014	Date of Injury:	02/02/2008
Decision Date:	08/21/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 69-year-old female with a 2/2/08 date of injury. The mechanism of injury was not noted. According to a 3/28/14 progress note, the patient presented with a workers compensation follow-up. Objective findings: no abnormal findings. Diagnostic impression: unspecified reflex sympathetic dystrophy, lumbar region disc disorder. Treatment to date: medication management, activity modification and acupuncture therapy. A UR decision dated 4/5/14 denied the request for Nortriptyline. Guidelines do not recommend this medication for mild symptoms. There have not been recent subjective complaints of depression and the provider has not been diagnosed the patient with major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Antidepressants.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. However, in a 6/12/14 progress note, the patient stated that nortriptyline fried her neck after four days, and the burning was unbelievable. According to the reports reviewed, the patient has been diagnosed with reflex sympathetic dystrophy, which is associated with neuropathic pain. She states in a 9/6/13 progress note that she has flares of shooting pain down her right arm and down both legs. She also complained of ongoing lower extremity burning and pain in several other reports. Although Nortriptyline would be indicated in this patient, in a 6/12/14 progress note the patient stated that nortriptyline fried her neck after four days, and the burning was unbelievable. Guidelines do not support the continued use of a medication in the presence of side effects. In addition, the quantity of the medication requested was not provided in this request. Therefore, the request for Nortriptyline HCl 10 mg was not medically necessary.