

Case Number:	CM14-0066191		
Date Assigned:	07/11/2014	Date of Injury:	12/15/2009
Decision Date:	09/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral upper extremity pain, hand pain, wrist pain, carpal tunnel syndrome, osteoarthritis of the Carpometacarpal (CMC) joints, and elbow epicondylitis reportedly associated with an industrial injury of December 15, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 8, 2014, the claims administrator suggested that the applicant continue usage of Cymbalta. It appeared that the claims administrator suggested that the attending provider discontinue nortriptyline in favor of Cymbalta. The applicant's attorney subsequently appealed. In a progress note dated October 14, 2014, it was suggested that the applicant was using Norco, Lyrica, and Cymbalta. The applicant was off of work, on total temporary disability. The attending provider stated that the applicant's pain without medications was 10/10 versus 7/10 with medications. Overall documentation was sparse and contained very little in the way of narrative commentary. In a June 10, 2014 progress note, the applicant received refills of Norco and Cymbalta. The attending provider noted that the applicant had issues with stress and depression. The attending provider again stated that the applicant had 8/10 pain without medications versus 6/10 pain with medications and postulated that the applicant was able to bathe, dress, prepare food, and clean the home with the same. In an earlier note dated March 10, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was using Norco, Pamelor, and Lyrica, it was suggested at that point in time. The applicant had a variety of complaints including paresthesias of the forearms. The attending provider posited that the applicant's pain scores were dropping with ongoing medication usage and that the applicant was able to perform dressing and bathing with medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline Hcl 25mg, # 60: Upheld

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, 7.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants, including tricyclic antidepressants such as nortriptyline, are a first-line agent for neuropathic pain, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further goes on to note that an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as "other medications." In this case, the attending provider did not outline any material evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of nortriptyline. The applicant remained off of work, on total temporary disability, from visit to visit, despite ongoing usage of the same. The applicant continued to report issues with paresthesias about the bilateral forearms. While the attending provider suggested that the applicant's pain scores are dropped with ongoing medication usage, ongoing usage of nortriptyline did not diminish the applicant's consumption of other medications, including opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing nortriptyline usage. It is further noted that the attending provider failed to state why the applicant needed to use so many different adjuvant medications, namely nortriptyline, Cymbalta, and Lyrica. For all of the stated reasons, then, the request is not medically necessary.