

Case Number:	CM14-0080262		
Date Assigned:	07/18/2014	Date of Injury:	11/25/2008
Decision Date:	09/19/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/30/2014

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 46 year-old patient with a 11/25/2008 date of injury. The mechanism of injury occurred when the patient was a lifted a 5 pound bucket from a pallet to a desk at work. A progress report from 12/9/13 states the patients complains of constant pain bilaterally in the shoulders, the right shoulder greater than the left, her pain was rated 9/10 on the VAS scale. The shoulder pain radiated to the upper extremities with numbness and tingling. She complained of continued throbbing neck pain rated at 10/10, which was associated with locking and headaches. Her pain was aggravated by prolonged sitting, standing, grooming, and lying down. It was noted that the patient at this time had difficulties with self-care. The diagnostic impression is right shoulder internal derangement, chronic cervical discogenic disease, chronic lumbar discogenic disease with possible left lumbar radiculitis, chronic pain syndrome with anxiety, depression, sleep disturbance, bruxism, right thoracic outlet syndrome, and bilateral knee patellofemoral arthralgia/chondromalacia. Treatment to date: Physical therapies, epidural steroid injections, shoulder manipulation under anesthesia, and medication management. Nortriptyline is being given 10mg at bedtime for sleep and the patient is already taking tizanidine for the same reason. The prescribing physician could not say if the medication was helping with neuropathic pain or sleep. The patient is already on gabapentin, so the nortriptyline is not medically necessary.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: CA MTUS 2009 9792.24.2. 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. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Long-term effectiveness of anti-depressants has not been established. This patient has been taking gabapentin, tizanidine, and nortriptyline. This is no documentation if the nortriptyline is helping with this patients' neuropathic pain or her sleep. The tizanidine is prescribed for pain and spasm at bedtime. The gabapentin is prescribed for neuropathic pain 4 times daily. Furthermore, nortriptyline would be duplicating what the gabapentin or the tizanidine were being prescribed for. The anticholinergic side effects of nortriptyline include sedation. This could possibly worsen this patient's diagnosis of depression without any evidence of positive effects from using this drug. Therefore, the request for Nortriptyline 10mg is not medically necessary.