

Case Number:	CM14-0081923		
Date Assigned:	07/18/2014	Date of Injury:	02/10/2005
Decision Date:	09/18/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 and Rehabilitation 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 injured worker is a 59-year-old male who reported an injury on 02/10/2005 due to a strike to the top of the head, knocking him flat on his back on the concrete. The injured worker has diagnoses of neck syndrome, headaches, and depression. Past treatments included a pump device, a TENS unit, spinal stimulator, IEP, trigger point injections, epidural injections, facet injections, Botox injections, spa, and medication therapy. Medications included Cymbalta 60 mg 2 times a day, oxycodone 5 mg daily, Lyrica 50 mg 1 tablet before bed, nortriptyline 10 mg 3 times a day, atenolol 50 mg daily, and Celebrex 200 mg 2 times a day. An MRI of the cervical spine revealed cervical facet arthritis. C2-3, C5-6 had uncovertebral spurring. At C6-7, there was uncovertebral spurring as well. Lumbar facet arthrosis, mild lumbar foraminal narrowing. The injured worker complained of neck pain and arm pain. He noted that he had cramps. There was no measurable pain level documented in the report. The physical examination dated 06/12/2014 revealed that the injured worker's back showed some tightness. There were no abnormal movements. The examination of the upper extremities revealed no atrophy. He had tenderness of the pectoral muscles. He was hypersensitive on the left. With pressure and palpation at the shoulder, he got a painful sensation that radiated to the hand and into the neck. The treatment plan is for the injured worker to continue the use of nortriptyline. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

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

Decision rationale: The request for Nortriptyline 25 mg #90 with 3 refills is not medically necessary. According to the MTUS Nortriptyline is 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. Given the above, the submitted report lacked any indication that the injured worker was having any relief with the medication. An assessment of treatment efficacy, pain outcomes, evaluation of function, changes in use or other analgesic medication, sleep quality and duration were not mentioned in the report. There also lacked any psychological assessments. As such, the request for nortriptyline 25 mg #90 with 3 refills is not medically necessary.