

Case Number:	CM14-0082756		
Date Assigned:	07/21/2014	Date of Injury:	12/28/2011
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 43-year-old female with a date of injury of 12/28/11. The mechanism of injury occurred when she was attacked by a dog. She sustained a fall and injured her back, hips, and knees, and was bitten on the left index finger. She currently has psychological as well as physical impairments due to this occurrence. The UR decision noted the request is for Nortriptyline 10mg at bedtime for pain #30. On 3/6/14, she continues to have back pain, hip pain radiating to the right leg. She stated she takes Aleve (Naproxen), Prilosec, Effexor and was given a prescription for Anaprox DS due to Celebrex causing some nausea. She was also given Vicodin for pain. It was notes that clinically, her conditions are physically unchanged. On 4/1/14, she had a psychiatric evaluation and her current meds were listed as Effexor, Ambien, Norco, Prilosec, Aleve and Motrin. It was noted that at this time the provider elected to begin Cymbalta and Nortriptyline to address chronic pain syndrome due to the fall-related injury. Also prescribed was Toprol XL 50mg, Xanax for the anxiety and panic attacks, and Topamax to address the symptoms of frequent changes in mood and migraines. On this note on 4/1/14, it is noted that the patient is prescribed nortriptyline 10 mg qhs (#30) to address her chronic pain syndrome. Diagnostic Impression: Chronic Pain Syndrome, MNood disorder, Migraine headaches, GERD. Treatment to date: medication management A UR decision dated 5/28/14 denied the request for Nortriptyline 10mg. The request was denied because notes indicate that she is being treated with Effexor and Aleve with variable response and continues with chronic, constant pain in spite of being on narcotic analgesic and other analgesic medications. The requested Nortriptyline 10mg every night x 30 for pain is not medically necessary. Tricyclic antidepressants such as Nortriptyline, are sometimes used as a treatment for chronic pain, but there is no clear indication for its use in this case. The patient already takes other pain

medications. The MTUS chronic pain guidelines do not support the use of tricyclic antidepressants for chronic musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL capsule 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. The patient has chronic pain, despite being on narcotic analgesics and NSAIDs. The provider on 4/1/14, elected to begin her on Cymbalta and Nortriptyline 10mg at bedtime for chronic pain, and Xanax for anxiety and panic attacks. Guidelines do support the use of tricyclic antidepressants such as Nortriptyline for chronic pain, and they 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. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. This request was for an initial trial of Nortriptyline and Cymbalta for chronic pain and an adequate trial of medications should be given in order to evaluate the effectiveness of Cymbalta and Nortriptyline. Although there is no specific quantity of Nortriptyline listed in the request, it is documented on the progress note dated 4/1/14 that Nortriptyline 10 mg qHS quantity 30 with no refills was prescribed. Therefore, the request for Nortriptyline 10mg was medically necessary.