

Case Number:	CM14-0085500		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2007
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

According to the records made available for review, this is a 57-year-old male with a 5/11/07 date of injury. At the time (6/5/14) of the Decision for Nortriptyline 25mg 1-2 p.o. q.h.s. #30, #60, there is documentation of subjective (chronic lower extremity pain and numbness) and objective (ulcerations on left foot) findings, current diagnoses (pain in limb and Charcot foot syndrome), and treatment to date (medications (including Furosemide, Januvia, Ceftriaxone, Carvedilol, Econazole, and Atorvastatin)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg 1-2 p.o. q.h.s. #30, #60: Overturned

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 Antidepressants for chronic pain, page(s) 13-14 Page(s): 13-14.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or

contraindicated. Within the medical information available for review, there is documentation of diagnoses of pain in limb and Charcot foot syndrome. In addition, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Nortriptyline 25mg 1-2 p.o. q.h.s. #30, #60 is medically necessary.