

Case Number:	CM15-0102182		
Date Assigned:	06/04/2015	Date of Injury:	10/31/2013
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 46-year-old female, who sustained an industrial injury on 10/31/2013. She reported right hand pain after lifting a heavy item. The injured worker was diagnosed as having rule out right hand complex regional pain syndrome. Treatment to date has included medications, and physical therapy. The request is for Nortriptyline, and Naprosyn. On 4/8/2015, she complained of recurring headaches associated with right hand pain. She rated her headaches as 7/10, and indicated they were dull in nature. She also complained of sharp, stabbing, and aching right hand pain with radiation into the right arm, right wrist, and fingers and up to the forearm. She rated the right hand pain as 9/10. She reported associated numbness, tingling, burning type sensation, weakness, and loss of grip. Range of motion of the right hand/normal is: dorsiflexion 25/60, palmar flexion 25/60, radial deviation 5/20, and ulnar deviation 5/30. The treatment plan included: functional capacity evaluation, neurologist consultation, pain management consultation. On 4/29/2015, she had 3 sessions of physical therapy. She reported being unable to get Nortriptyline, and Celebrex from the pharmacy due to having no specific card from worker's compensation carrier. She continued with shoulder pain, neck pain and headaches. The treatment plan included: Naprosyn, and Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

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

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. Response to future pain cannot be determined to allow for 3 refills. The Nortriptyline as prescribed is not medically necessary.

Naprosyn 500mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risk. Pain response to Naproxen is unknown to justify 3 future refills. Therefore, the Naproxen with 3 refills is not medically necessary.