

Case Number:	CM15-0137221		
Date Assigned:	07/27/2015	Date of Injury:	09/02/2013
Decision Date:	09/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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: Colorado

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 64 year old female, who sustained an industrial injury on September 2, 2013. She reported left shoulder pain. The injured worker was diagnosed as having rupture of the rotator cuff and status post left shoulder and repeat left shoulder surgical intervention in April 2015. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain, poor sleep and anxiety. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 3, 2105, revealed worsening shoulder pain. Left trapezius trigger point was noted, and MRI confirmed rotator cuff tear. She underwent surgical intervention of the left shoulder in April, 2015. Evaluation on June 5, 2015, revealed continued left shoulder tenderness noted as improving with continued painful range of motion however range of motion is noted as improving. Abduction and flexion are 150 degrees. Post-operative magnetic resonance imaging revealed post-surgical changes over the humerus, small to moderate sized joint effusion and fluid in the subacromial/subdeltoid bursa, minimal to moderate osteoarthritis, full thickness tear, non-retracted, near full thickness tear and subscapularis tendinopathy with near full thickness tear. She reported worsening sleep disruptions and anxiety. Nortriptyline was requested for sleep and anxiety and physical therapy was continued. Nortriptyline 10mg #30 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 14-16.

Decision rationale: Per the MTUS Guidelines, antidepressants can be considered first line treatment for neuropathic pain and possible option for treatment for non-neuropathic pain. Tricyclic antidepressants are the recommended first option for treatment of pain with antidepressant and should be used unless ineffective or not tolerated/contraindicated. Pain relief with antidepressants may occur within a few days to 1 week, though any antidepressant effect would take longer to occur. As with other treatments for pain, efficacy should be assessed regularly when using antidepressants. The following aspects associated with pain relief should be addressed: Pain reduction. Improvement in function. Changes in need for other pain medications. Sleep quality and quantity. Psychiatric evaluation. Side effects, especially those that may affect job performance. Long term efficacy of anti-depressants in treatment of pain is not known, and antidepressants in combination with other medications for pain have no quality evidence to support use. Unless contraindicated, tricyclic antidepressants, such as Nortriptyline, are recommended prior to trial of SSRI antidepressants. Tricyclic antidepressants can be relatively more easily overdosed because of low threshold for toxicity, so caution is advised with their use. Tricyclic antidepressants can cause significant cardiovascular events including arrhythmia, so EKG prior initiation of therapy is recommended in patient's over 40 years of age. Tricyclic antidepressants can be helpful to alleviate pain even in patients with normal mood, and also in patients with depressed mood. For the patient of concern, her primary complaint is non-neuropathic pain, sleep difficulties and anxiety. As above, tricyclic antidepressants can be used in non-neuropathic pain as well. While Nortriptyline is not indicated to be used in anxiety, its use for other reasons (pain and sleep) are not contraindicated in the presence of co-morbid anxiety. The record does not include a documented discussion with the patient regarding sleep hygiene, which is recommended prior to initiation of medications for sleep. The patient may well benefit from the Nortriptyline, but there is no documentation that a screening EKG was performed prior to initiation of Nortriptyline and the guidelines recommend that screening EKG as a precaution in those over 40 years of age. Therefore, without the proper preparation for use of the medication (EKG and sleep hygiene discussion) the request for Nortriptyline is not medically necessary.