

Case Number:	CM15-0162975		
Date Assigned:	08/31/2015	Date of Injury:	09/30/2000
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 75 year old male who sustained an industrial injury on 9-30-00. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in joint - shoulder secondary to total joint arthroplasty and neck pain. Currently, the injured worker reported chronic pain in the low back and left shoulder. Previous treatments included topical analgesics, and aspirin. Previous diagnostic studies included a magnetic resonance imaging and electromyography. Work status was noted as permanent and stationary. The injured workers pain level was not noted. Objective findings were notable for antalgic gait with slight shuffling movement. The plan of care was for a retrospective of Nortriptyline hydrochloride 10 milligrams 1 cap at bedtime - increase to 2 tablets daily quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Nortriptyline Hcl 10mg 1 cap at bedtime increase to 2 tabs daily #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Nortriptyline.

Decision rationale: According to the Official Disability Guidelines, nortriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. I am reversing the previous utilization review decision. RETRO Nortriptyline Hcl 10mg 1 cap at bedtime increase to 2 tabs daily #60 is medically necessary.