

Case Number:	CM15-0166417		
Date Assigned:	09/04/2015	Date of Injury:	02/01/2013
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 2-1-2013. The mechanism of injury was a repetitive strain injury. The injured worker was diagnosed as having repetitive strain injury and neck abdominal bilateral upper extremities myofascial pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included left hand splint, trigger point injections, myofascial therapy and medication management. In a progress note dated 7-7-2015, the injured worker complains of neck pain radiating to the right upper extremity with numbness and tingling, rated 5 out of 10. Physical examination showed discrete cervical trigger points. The treating physician is requesting Retrospective Nortriptyline 10mg #90 (date of service 07-07-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nortriptyline 10mg #90 (DOS 07/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Based on the 7/7/15 progress report provided by the treating physician, this patient presents with neck pain radiating to the bilateral upper extremities with numbness/tingling, with pain rated 5/10 on VAS scale. The treater has asked for Retrospective Nortriptyline 10mg #90 (DOS 07/07/2015) on 7/7/15. The patient's diagnoses per request for authorization dated 7/17/15 are myofascial pain, repetitive strain injury, cubital tunnel syndrome, and carpal tunnel syndrome. The patient states that his pain is controlled with myofascial therapy and trigger point injections, and limited medications per 7/7/15 report. The patient is having trouble sleeping per 7/7/15 report. The patient states that he tried using his arms more and his pain flared per 1/7/15 report. The patient is s/p carpal tunnel injection which did not help per 1/7/15 report. The patient is using a left resting hand splint and is doing a home exercise program per 5/4/15 report. The patient's work status is currently not employed per 7/7/15 report. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics 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". (Saarto-Cochrane, 2005) 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. MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. According to report 7/7/15, the patient presents with chronic neck pain radiating to bilateral upper extremities. The patient also reports ongoing symptoms of depression per 7/7/15 report. It was noted that the patient has been using Nortriptyline since 1/7/15 and in reports dated 5/4/15 and 7/7/15. This patient uses Nortriptyline 'PRN [for] pain/spasm' per 5/4/15 report. However, a review of reports does not document the efficacy of this medication in terms of pain and function as per MTUS guidelines. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Ongoing usage of Nortriptyline cannot be recommended due to lack of documentation. This request is not medically necessary.