

<b>Case Number:</b>	CM15-0202779		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/24/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: California

Certification(s)/Specialty: Emergency 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:

This is a 50-year-old female with a date of industrial injury 4-24-2015. The medical records indicated the injured worker (IW) was treated for scalp contusion with mild concussion; headaches, musculoskeletal in origin, post-traumatic; and neck pain due to cervical straining injury. In the progress notes (9-2-15), the IW reported her neck pain and headaches continued with associated nausea and occasional vomiting. On examination (9-2-15 notes), she had bilateral levator scapulae induration and nodularity. Foraminal compression test was negative. Treatments included Nortriptyline (since 7-2015, no benefit); Naprosyn (upset her stomach); Norco (with benefit); and Compazine suppositories (prescribed 9-2-15). The report for the CT of the brain on 6-25-15 stated the test was negative. The IW was allowed modified work duty. A Request for Authorization was received for Nortriptyline 25mg #60 with 3 refills and Compazine suppositories 25mg #12 with 4 refills. The Utilization Review on 9-17-15 non-certified the request for Nortriptyline 25mg #60 with 3 refills and modified the request for Compazine suppositories 25mg #12 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Nortriptyline 25 mg #60 with 3 refills: Upheld**

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

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

**Decision rationale:** Pamelor (Nortriptyline) is an Amitriptyline antidepressant. Amitriptylines are recommended as a first line treatment for chronic neuropathic pain unless there is side effects or they are not effective. These classes of medications have very low threshold for toxicity and close monitoring must be considered. Patient has been on this medication for chronic headaches for at least several months with no documentation of any improvement in pain or functional status. There continues to be persistent severe pain. Due to high risk for toxicity, close monitoring is required. Therefore, refills are dangerous and fail to meet MTUS guidelines concerning close monitoring. This request for Nortriptyline with refills is not medically necessary.

**1 prescription of Compazine Suppositories 25 mg #12 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Antidepressants.

**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), Antiemetics (for opioid nausea).

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Compazine is an anti-nausea medication. As per Official Disability Guidelines (ODG), anti-emetics should only be used for short term. Long-term use is not recommended due to side effects. Documentation notes intermittent nausea and vomiting. The number of tablets is not consistent with short-term use and the number of tablets is not appropriate. This request for Compazine is not medically necessary.