

Case Number:	CM15-0211411		
Date Assigned:	10/30/2015	Date of Injury:	06/15/2008
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: North Carolina, Georgia
 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:

This 51 year old female sustained an industrial injury on 6-15-08. Documentation indicated that the injured worker was receiving treatment for neck sprain and strain, carpal tunnel syndrome, shoulder adhesive capsulitis, thoracic spine sprain and strain and bilateral cubital tunnel syndrome and bilateral thumb extensor tendonitis. Previous treatment included left cubital tunnel release (February 2015), left shoulder manipulation, physical therapy, bracing, injections and medications. The injured worker underwent left thumb extensor tendinitis surgery on 7-24-15. In a PR-2 dated 5-28-15, the injured worker complained of ongoing "moderate" left elbow pain with radiation to the hand and thumb extensor pain and numbness. The treatment plan included prescriptions for Nortriptyline and Ibuprofen. The injured worker's pain was not quantified. In a PR-2 dated 9-30-15, the injured worker complained of "moderate" left sided neck and upper back pain, no improvement to her left "frozen" shoulder and ongoing right hand numbness, tingling and pain. Physical exam was remarkable for left shoulder with tenderness to palpation and pain upon range of motion with flexion and abduction to 90 degrees, bilateral elbows with swelling and tenderness to palpation, left hand in a splint with post-surgical dressing and tenderness to palpation at the thumb extensor with positive Tinel's test. The treatment plan included prescriptions for Ibuprofen and Nortriptyline (since at least May 2015). On 9-29-15, Utilization Review modified a request for Nortriptyline 50mg #60 with two refills to Nortriptyline 50mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 50 mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

Decision rationale: CA MTUS guidelines state that tricyclics are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, nortriptyline is prescribed for neuropathic pain and response to medication with no significant side effect is documented in the record. Nortriptyline is medically necessary.