

Case Number:	CM15-0212425		
Date Assigned:	11/02/2015	Date of Injury:	06/15/2008
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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 51 year old female with a date of injury on 06-15-2008. The injured worker is undergoing treatment for cervical strain, elbow-forearm strain, and medial epicondylitis. A physician progress note dated 09-30-2015 documents the injured worker has moderate left sided neck and upper back pain and with physical therapy x 2 there is some improvement. The left frozen shoulder is no better even after manipulation under anesthesia. She has right hand numbness and tingling with pain radiating to the hand. Her left shoulder is tender to palpation over the deltoid and anterior glenohumeral joint and range of motion is painful. The right elbow has medial swelling and tenderness to the cubital tunnel and medial epicondyle. Range of motion is full. Her left elbow has medial swelling and tenderness to the cubital tunnel and medial epicondyle, and range of motion is full. Her left hand and fingers are in a splint with dressing post-surgery. Motor strength is normal. Her right hand is tender over the thumb extensor tendon thy positive Tinel's. Range of motion is normal. Grip strength is decreased on the right. Neurovascular function is intact. The cervical spine has normal sensation. The thoracic spine has tenderness in the left paraspinal and left sided muscle spasms. She is not working. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, status post thumb extensor tendonitis surgery on 07-24-2015, and previous right cubital tunnel surgery. Current medications include Methocarbamol, Ibuprofen, Nortriptyline, Cymbalta, IBU, Norco, and Trazodone. On 10-16-2015 Utilization Review modified the request for Purchase Nortriptyline 25 MG Qty 60 to Nortriptyline 25 MG Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Nortriptyline 25 MG Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is for purchase Nortriptyline 25 MG QTY 60. The RFA is dated 09/23/15. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, manipulation under anesthesia for left frozen shoulder, status post thumb extensor tendonitis surgery 07/24/15, and previous right cubital tunnel surgery. The patient is not working. 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) MTUS further states, "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." Per report 09/30/15, the patient presents with moderate left sided neck and upper back pain. She has right hand numbness and tingling with pain radiating to the hand. Her left shoulder is tender to palpation over the deltoid and anterior glenohumeral joint and range of motion is painful. The right elbow has medial swelling and tenderness to the cubital tunnel and medial epicondyle. Current medications include Methocarbamol, Ibuprofen, Nortriptyline, Cymbalta, Norco, and Trazodone. The patient has been prescribed Nortriptyline since 05/28/15. In this case, there is no discussion regarding medication efficacy. MTUS states that "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." The treater has not provided any discussion regarding analgesia, or functional improvement, as required by MTUS. Therefore, the request is not medically necessary.