

<b>Case Number:</b>	CM15-0223298		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	07/28/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old male, who sustained an industrial injury on 7-28-2015. A review of the medical records indicates that the injured worker is undergoing treatment for a head injury, contusion of the face-scalp-neck, and an open wound of the elbow. On 10-16-2015, the injured worker reported worsening pain in the left shoulder, located in the anterior, lateral, and superior shoulder, and mild shortness of breath on and off lasting 2-3 minutes with no aggravating or relieving factors. The Primary Treating Physician's report dated 10-16-2015, noted the physical examination showed moderate tenderness to palpation to the left trapezius and superior-anterior shoulder with full range of motion (ROM) with pain above 90 degrees and mild tenderness to palpation to the left anterior ribs at 3rd through 6th ribs. The Physician noted a left rib x-ray series was negative for acute fractures. The treatment plan was noted to include a request for authorization for a left shoulder MRI and prescriptions for Norco, prescribed since 7-30-2015, and Amitriptyline, prescribed since 9-18-2015. The injured worker's work status was noted to be able to return to modified work. The request for authorization was noted to have requested one (1) prescription of Norco 10-325mg #45 and one (1) prescription of Nortriptyline 25mg #30. The Utilization Review (UR) dated 10-29-2015, non-certified the requests for one (1) prescription of Norco 10-325mg #45 and one (1) prescription of Nortriptyline 25mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in July 2015 when he was involved in a rollover accident while driving a tractor-trailer. Injuries included a left upper extremity laceration and shoulder abrasion. In August 2015, the laceration and abrasions were healing well. He was having left-sided rib and back pain increased with movement. He was having difficulty sleeping due to pain. He was not having numbness or tingling. He was taking Norco two times per day. An MRI of the left shoulder in September 2015 showed findings of tendinosis and subacromial impingement. When seen, he was having constant daily headaches that were radiating to his neck. He had been seen in an Emergency Room after he had shortness of breath and getting into a hot shower. He was having left shoulder pain, increased with movement overhead. VAS scores were not recorded. Physical examination findings included decreased shoulder range of motion with positive drop arm testing. Norco was continued. Nortriptyline was prescribed. He was referred for a neurology evaluation. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. The claimant has daily headaches and may be experiencing rebound headaches from medication overuse. Continued prescribing of Norco is not considered medically necessary.

**One (1) prescription of Nortriptyline 25mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in July 2015 when he was involved in a rollover accident while driving a tractor-trailer. Injuries included a left upper extremity laceration and shoulder abrasion. In August 2015, the laceration and abrasions were healing well. He was having left-sided rib and back pain increased with movement. He was having difficulty sleeping due to pain. He was not having numbness or tingling. He was taking Norco two times per day. An MRI of the left shoulder in September 2015 showed findings of tendinosis and subacromial impingement. When seen, he was having constant daily headaches that were radiating to his neck. He had been seen in an Emergency Room after he had shortness of breath and getting into a hot shower. He was having left shoulder pain, increased with movement overhead. VAS scores were not recorded. Physical examination findings included decreased shoulder range of motion with positive drop arm testing. Norco was continued. Nortriptyline was prescribed. He was referred for a neurology evaluation. Antidepressant

medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. In this case, the claimant does not have neuropathic pain. If being prescribed for insomnia, treatment should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has difficulty sleeping due to shoulder pain. Further treatment for his nighttime shoulder pain would be indicated. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and cardiac and pulmonary conditions, if present, should also be identified and could be treated directly. Nortriptyline is not considered medically necessary.