MAXIMUS Federal Services

Case Number:	CM15-0031221		
Date Assigned:	02/24/2015	Date of Injury:	08/28/2009
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 71-year-old [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 28, 2009. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for nortriptyline (Pamelor). The claims administrator referenced a progress note of January 14, 2015 in its determination. The applicant's attorney subsequent appealed. In an RFA form dated January 12, 2015, Motrin, Pamelor, Zoloft, and orthopedic shoulder surgery follow-up visit were endorsed. In an associated progress note seemingly dated "October 23, 2014" in one section of the note, "January 5, 2015" in another section of the note, and "December 31, 2014" in yet another section of the note, the applicant reported ongoing complaints of shoulder pain, 6/10. Ancillary complaints of neck pain, headaches, and difficulty breathing were reported. Melatonin was not ameliorating the applicant's ability to think. The applicant was given diagnoses of shoulder adhesive capsulitis status post total shoulder arthroplasty, cervical radiculopathy, and lumbar degenerative disk disease. The applicant was asked to follow up with a shoulder surgeon. Motrin, Pamelor, and Zoloft were endorsed. It was not clearly stated for what purpose Pamelor (nortriptyline) had been endorsed. The applicant did have issues of anxiety and depression, it was incidentally noted. Permanent work restrictions imposed by a medical-legal evaluator were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Northriptyline 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Initial Approaches to Treatment 47.

Decision rationale: No, the request for Pamelor (nortriptyline), a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed. Here, however, the treating provider clearly failed to outline any discussion of medication efficacy insofar as the request for nortriptyline (Pamelor) was concerned. The treating provider did not clearly state whether nortriptyline was being employed for issues with depression, anxiety, sleep disturbance, and/or chronic pain, all of which are present here. The attending provider did not, furthermore, clearly state whether or not ongoing usage of nortriptyline (Pamelor) was or was not effective for whatever purpose it was being employed. The applicant seemingly remained off of work. Permanent work restrictions remained in place, seemingly unchanged from visit to visit, despite ongoing usage of nortriptyline. The applicant continued to report issues with anxiety and depression. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of nortriptyline (Pamelor). Therefore, the request was not medically necessary.