

Case Number:	CM15-0046973		
Date Assigned:	03/19/2015	Date of Injury:	07/29/2005
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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:

This 59 year old female sustained an industrial injury to the low back on 7/29/05. Previous treatment included physical therapy, home exercise, psychological care and medications. In a progress note dated 1/19/15, the injured worker complained of ongoing headaches 4/10 on the visual analog scale. The injured worker reported improvement in frequency of headaches. Recent polysomnography showed moderate obstructive sleep apnea. Current diagnoses included headache, obstructive sleep apnea, depression, low back pain, obesity and hypersomnia. The treatment plan included increasing Nortriptyline to 10mg, 3 capsules at bedtime and increasing by one capsules per week to a maximum of five capsules. The physician noted that Nortriptyline was prescribed to treat headaches as well as depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 10mg #15 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a682620.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter online for Insomnia treatment.

Decision rationale: The patient presents on 01/30/15 with a depressed and tearful affect with noted pain behaviors, complains of severe intermittent headaches and difficulty sleeping. The patient's date of injury is 07/29/05. Patient has no documented surgical history. The request is for NORTRIPTYLINE HCL 10MG #15 WITH 2 REFILLS. The RFA was not provided. Physical examination dated 01/29/15 does not include any physical findings, only a discussion of medications, depression history, and subjective complaints. The patient is currently prescribed Ibuprofen, Nortriptyline, and Indomethacin. Diagnostic imaging was not included. Patient is currently not employed. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. ODG guidelines, Pain chapter online for Insomnia treatment, under Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) states these have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. In regard to the continuation of Nortriptyline, the request appears reasonable. Progress reports indicate that this patient has been taking this Nortriptyline since at least 10/31/14. Progress note dated 01/29/15 documents a reduction in the frequency of this patient's headaches attributed to this medication. In addition, progress note dated 03/09/15 reports a reduction in this patient's depression symptoms and sleep improvements attributed to this medication. Continued use is appropriate per MTUS and ODG. The request IS medically necessary.