

Case Number:	CM15-0056293		
Date Assigned:	04/01/2015	Date of Injury:	09/13/2006
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 43 year old male, who sustained an industrial injury on 9/13/2006. The current diagnoses are myofascial pain syndrome and left rotator cuff syndrome. According to the progress report dated 2/18/2015, the injured worker complains of neck pain with radiation to the left upper extremity. The pain is rated 8/10 on a subjective pain scale. The current medications are Flexeril, Lidoderm patch, Neurontin, Nortriptyline, and Norco. Treatment to date has included medication management and trigger point injections. The plan of care includes Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nortriptyline 25mg 1 tablet at bedtime for neuropathic pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13,14 of 127.

Decision rationale: MTUS states "Antidepressants for chronic pain: 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. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression."The injured worker has been diagnosed with myofascial pain syndrome and left rotator cuff syndrome, however there is no documentation suggesting presence of neuropathic pain for which Tricyclic antidepressants like Nortriptyline are recommended. Thus, the retrospective request for Retrospective Nortriptyline 25mg 1 tablet at bedtime for neuropathic pain #30 is not medically necessary.