

<b>Case Number:</b>	CM14-0126160		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/12/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old male who reported an injury on 10/12/2000. The mechanism of injury was the injured worker was working in an elevator shaft and was between floors. The injured worker fell 8 feet to a scaffolding and then he fell 5 feet below to a basement. The surgical history included multiple surgical interventions which included a left below the knee amputation. The prior diagnostic studies included an EMG/NCV of the bilateral upper extremities, x-rays and MRIs. The prior treatments included physical therapy, medications, and psychological treatment. The injured worker was noted to be utilizing antidepressants since at least 2008. The injured worker's medications were noted to include gabapentin, nortriptyline, and Ambien. The injured worker underwent lumbar medial branch blocks. There was a Request for Authorization dated 04/18/2014 for gabapentin 800 mg tablets 1 every 8 hours, nortriptyline hydrochloride 50 mg 1 tablet at bed time, and zolpidem tartrate 10 mg 1 at bed time. The documentation of 04/10/2014 revealed the injured worker had complaints of low back pain, bilateral elbow pain, and left lower leg pain. The pain was a 2/10 with medications. The worst pain was 8/10. The injured worker had difficulties with activities of daily living, difficulty walking, running, and stiffness. The alleviating factors were noted to include the medications. The physician documented the injured worker was prescribed nortriptyline for neuropathic pain. The injured worker indicated he had moderate pain relief and had less insomnia with functional improvement of the basic activities of daily living including sitting and sleeping. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline Hcl Capsule 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 13,49,11. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines indicate that antidepressants are a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function. However, there is a lack of documentation indicating an objective decrease in pain. The injured worker's pain with medications was noted to be 2/10. However, there was a lack of documentation indicating what the injured worker's pain was without the medications. The injured worker was noted to be utilizing the medication since at least 2008. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Nortriptyline Hcl Capsule 50mg is not medically necessary.