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| Case Number: | CM14-0126179 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 10/14/2005 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and posttraumatic headaches reportedly associated with an industrial injury of October 14, 2005. In a Utilization Review Report dated July 24, 2014, the claims administrator denied a request for nortriptyline stating that the applicant had failed to demonstrate improvement with the same. The applicant's attorney subsequently appealed. In a July 10, 2014 neurology consultation, the applicant presented with a variety of issues, including headaches, neck pain, low back pain, anxiety, and depression. The applicant was pending lumbar spine surgery, it was stated. The attending provider posited that the applicant's headaches had been reduced in severity following introduction of nortriptyline at bedtime for the same. The attending provider therefore suggested continuation of nortriptyline, although it was acknowledged that the applicant had failed to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg #60: Overturned

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

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

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants such as nortriptyline are recommended as a first-line option for neuropathic pain and have a possibility for non-neuropathic pain. In this case, the applicant's neurologist is seemingly employing nortriptyline for migraine headache prophylaxis/posttraumatic headache prophylaxis. The attending provider has posited that ongoing usage of nortriptyline has attenuated the intensity, frequency, and severity of the applicant's headaches. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.