

<b>Case Number:</b>	CM14-0137635		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 3/20/12. She was diagnosed with low back pain, bilateral knee pain, cervical radiculopathy, and lumbar radiculopathy. She was treated with physical therapy, topical analgesics, chiropractic treatments, nortriptyline, and NSAIDs. On 7/11/14, the worker was seen by her treating physician complaining of her continual neck, pain and numbness in both upper extremities and both lower extremities, and low back pain rated at 7/10 on the pain scale. She reported using nortriptyline at the time and that this medication along with Ketoprofen and LidoPro cream together help decrease the pain. Physical examination findings showed tenderness of neck and back, decreased sensation in the right C6-C8 dermatomes, decreased strength of the right shoulder, positive straight leg raise, positive Spurling's test on right shoulder, and negative Tinel's and Phalen's bilaterally. She was then recommended a pain management follow-up to consider knee injections, further chiropractic treatments, and refills of the nortriptyline, Ketoprofen, and LidoPro, as well as Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline HCL 25mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was not sufficient documentation reporting functional benefit from nortriptyline, which is required for continuation. Without this evidence of benefit, it is not medically necessary.