

<b>Case Number:</b>	CM14-0084233		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 10/20/1999. The mechanism of injury was not stated. Current diagnoses include cervical stenosis, right lumbar radiculopathy, status post bilateral carpal tunnel release, status post bilateral ulnar nerve release; status post left shoulder surgery, and history of severe GI pathology. The injured worker was evaluated on 04/14/2014 with complaints of persistent bilateral shoulder, neck and low back pain. Previous conservative treatment is noted to include acupuncture, chiropractic therapy, and medication management. The current medication regimen includes tramadol 50 mg, Senokot, omeprazole, Flexeril, and Pamelor 25 mg. Physical examination on that date revealed no acute distress, mild tenderness with palpation of the cervical paraspinals bilaterally, positive facet loading maneuver bilaterally, decreased range of motion of the cervical and lumbar spine, and intact sensation in the upper and lower extremities. Treatment recommendations at that time included continuation of the current medication regimen and 8 sessions of physical therapy for the upper extremities. A Request for Authorization form was then submitted on 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/shoulder;table 2> Goodman and Gilman's The Pharmacological

Basis of Therapeutics 12th ED. Physician Desk Reference 68th ed [www.RxList.com](http://www.RxList.com) [www.odgtwc.com/odgtwc/formulary.htm](http://www.odgtwc.com/odgtwc/formulary.htm).

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

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker has utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.